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|  |  | FOR OHF USE |  |  |  |  |  |
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**2000**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC AID**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2000)**

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

|  |   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|--|---|---|---------------------------------------|---|-------------------------------------|--------------------------------|--------------------------------|--------------------------------------|---------------------------------|---------------------------------|--------------------------------------|--------------------------------------|--|---|--|--|--|--|--|--------------------------------|--|--|--------------------------------------|--|--|---|-----------------------------|--|----------------------------|--|---------------|----------------------|---|--|---|--|---|--|---|
| <p><b>I. IDPH Facility ID Number:</b> <u>0042176</u></p> <p><b>Facility Name:</b> <u>THE RENAISSANCE AT HILLSIDE, INC.</u></p> <p><b>Address:</b> <u>4600 Frontage Road</u> <u>Hillside</u> <u>60162</u><br/> Number City Zip Code</p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 544-9933</u> <b>Fax #</b> <u>(708) 544-9966</u></p> <p><b>IDPA ID Number:</b> <u>36-3980624-001</u></p> <p><b>Date of Initial License for Current Owners:</b> <u>06/30/97</u></p> <p><b>Type of Ownership:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td><b>IRS Exemption Code</b> _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b><br/> <b>Name:</b> <u>Steve N. Lavenda</u> <b>Telephone Number:</b> <u>(847) 236-1111</u></p> | <input type="checkbox"/> VOLUNTARY, NON-PROFIT  | <input checked="" type="checkbox"/> PROPRIETARY | <input type="checkbox"/> GOVERNMENTAL | <input type="checkbox"/> Charitable Corp. | <input type="checkbox"/> Individual | <input type="checkbox"/> State | <input type="checkbox"/> Trust | <input type="checkbox"/> Partnership | <input type="checkbox"/> County | <b>IRS Exemption Code</b> _____ | <input type="checkbox"/> Corporation | <input type="checkbox"/> Other _____ |  | <input checked="" type="checkbox"/> "Sub-S" Corp. |  |  | <input type="checkbox"/> Limited Liability Co. |  |  | <input type="checkbox"/> Trust |  |  | <input type="checkbox"/> Other _____ |  | <p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/00</u> to <u>12/31/00</u> and certify to the best of my knowledge and belief that the said content: are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment</p> <table style="width: 100%;"> <tr> <td style="width: 20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____ (Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> </tr> <tr> <td></td> <td>(Title) _____</td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) <u>SEE ACCOUNTANT'S REPORT ATTACHED</u> (Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Noshir R. Daruwalla, C.P.A.</u></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>FROST, RUTTENBERG &amp; ROTHBLATT, P.C.</u><br/><u>111 Pfingsten Rd. , Suite 300, Deerfield, IL 60015</u></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u></td> </tr> </table> <p><b>MAIL TO: OFFICE OF HEALTH FINANCE</b><br/> <b>ILLINOIS DEPARTMENT OF PUBLIC AID</b><br/> 201 S. Grand Avenue East<br/> Springfield, IL 62763-0001 Phone # (217) 782-1630</p> | <b>Officer or Administrator of Provider</b> | (Signed) _____ (Date) _____ |  | (Type or Print Name) _____ |  | (Title) _____ | <b>Paid Preparer</b> | (Signed) <u>SEE ACCOUNTANT'S REPORT ATTACHED</u> (Date) _____ |  | (Print Name and Title) <u>Noshir R. Daruwalla, C.P.A.</u> |  | (Firm Name & Address) <u>FROST, RUTTENBERG &amp; ROTHBLATT, P.C.</u><br><u>111 Pfingsten Rd. , Suite 300, Deerfield, IL 60015</u> |  | (Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u> |
| <input type="checkbox"/> VOLUNTARY, NON-PROFIT   | <input checked="" type="checkbox"/> PROPRIETARY   | <input type="checkbox"/> GOVERNMENTAL           |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
| <input type="checkbox"/> Charitable Corp.  | <input type="checkbox"/> Individual   | <input type="checkbox"/> State                  |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
| <input type="checkbox"/> Trust   | <input type="checkbox"/> Partnership  | <input type="checkbox"/> County                 |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
| <b>IRS Exemption Code</b> _____  | <input type="checkbox"/> Corporation  | <input type="checkbox"/> Other _____            |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | <input checked="" type="checkbox"/> "Sub-S" Corp.   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | <input type="checkbox"/> Limited Liability Co.  |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | <input type="checkbox"/> Trust  |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | <input type="checkbox"/> Other _____  |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
| <b>Officer or Administrator of Provider</b>  | (Signed) _____ (Date) _____   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | (Type or Print Name) _____  |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | (Title) _____   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
| <b>Paid Preparer</b>   | (Signed) <u>SEE ACCOUNTANT'S REPORT ATTACHED</u> (Date) _____   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | (Print Name and Title) <u>Noshir R. Daruwalla, C.P.A.</u>   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | (Firm Name & Address) <u>FROST, RUTTENBERG &amp; ROTHBLATT, P.C.</u><br><u>111 Pfingsten Rd. , Suite 300, Deerfield, IL 60015</u> |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |
|  | (Telephone) <u>(847) 236-1111</u> Fax # <u>(847) 236-1155</u>   |   |                                       |   |                                     |                                |                                |                                      |                                 |                                 |                                      |                                      |  |   |  |  |  |  |  |                                |  |  |                                      |  |  |   |                             |  |                            |  |               |                      |   |  |   |  |   |  |   |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176 Report Period Beginning: 01/01/00 Ending: 12/31/00

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds N/A

|   | 1  | 2                           | 3                               | 4  |   |
|---|--|-----------------------------|---------------------------------|--|---|
|   | Beds at<br>Beginning of<br>Report Period | Licensure<br>Level of Care  | Beds at End of<br>Report Period | Licensed<br>Bed Days During<br>Report Period |   |
| 1 | <u>156</u>                               | Skilled (SNF)               | <u>156</u>                      | <u>57,096</u>                                | 1 |
| 2 |  | Skilled Pediatric (SNF/PED) |                                 |  | 2 |
| 3 |  | Intermediate (ICF)          |                                 |  | 3 |
| 4 |  | Intermediate/DD             |                                 |  | 4 |
| 5 |  | Sheltered Care (SC)         |                                 |  | 5 |
| 6 |  | ICF/DD 16 or Less           |                                 |  | 6 |
| 7 | <u>156</u>                               | TOTALS                      | <u>156</u>                      | <u>57,096</u>                                | 7 |

## B. Census-For the entire report period.

|    | 1             | 2   | 3            | 4            | 5             |    |
|----|---------------|---|--------------|--------------|---------------|----|
|    | Level of Care | Patient Days by Level of Care and Primary Source of Payment |              |              |               |    |
|    |               | Public Aid<br>Recipient                                     | Private Pay  | Other        | Total         |    |
| 8  | SNF           | <u>44,025</u>   | <u>3,731</u> | <u>6,262</u> | <u>54,018</u> | 8  |
| 9  | SNF/PED       |   |              |              |               | 9  |
| 10 | ICF           |   |              |              |               | 10 |
| 11 | ICF/DD        |   |              |              |               | 11 |
| 12 | SC            |   |              |              |               | 12 |
| 13 | DD 16 OR LESS |   |              |              |               | 13 |
| 14 | TOTALS        | <u>44,025</u>   | <u>3,731</u> | <u>6,262</u> | <u>54,018</u> | 14 |

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 94.61%

D. How many bed-hold days during this year were paid by Public Aid?

1,074 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☐NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐NO ☒

I. On what date did you start providing long term care at this location?

Date started 6/30/97

J. Was the facility purchased or leased after January 1, 1978?

YES ☒Date 6/30/97NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒NO ☐

If YES, enter number

of beds certified 46

and days of care provided

4,948Medicare Intermediary Mutual of Omaha

## IV. ACCOUNTING BASIS

ACCRUAL ☒

MODIFIED

CASH\* ☐CASH\* ☐

Is your fiscal year identical to your tax year?

YES ☒NO ☐Tax Year: 12/31/00Fiscal Year: 12/31/00

\* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC. # 0042176 Report Period Beginning: 01/01/00 Ending: 12/31/00

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

|     | Operating Expenses   | Costs Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR OHF USE ONLY |    |     |
|-----|--|--------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|-----|
|     |  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                            |                            |                       |                        | 9                | 10 |     |
| 1   | Dietary  | 295,452                  | 37,752        | 6,544      | 339,748    |                            | 339,748                    | (45,354)              | 294,394                |                  |    | 1   |
| 2   | Food Purchase  |                          | 281,286       |            | 281,286    |                            | 281,286                    | (38,306)              | 242,980                |                  |    | 2   |
| 3   | Housekeeping   | 244,790                  | 34,220        |            | 279,010    |                            | 279,010                    | (19,114)              | 259,896                |                  |    | 3   |
| 4   | Laundry  |                          | 20,280        | 1          | 20,281     |                            | 20,281                     | (74)                  | 20,207                 |                  |    | 4   |
| 5   | Heat and Other Utilities   |                          |               | 152,040    | 152,040    |                            | 152,040                    | (13,982)              | 138,058                |                  |    | 5   |
| 6   | Maintenance  | 38,484                   | 22,271        | 63,524     | 124,279    |                            | 124,279                    | (11,074)              | 113,205                |                  |    | 6   |
| 7   | Other (specify):*  |                          |               |            |            |                            |                            | (14)                  | (14)                   |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 578,726                  | 395,809       | 222,109    | 1,196,644  |                            | 1,196,644                  | (127,918)             | 1,068,726              |                  |    | 8   |
| 9   | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 9   | Medical Director   |                          |               | 35,350     | 35,350     |                            | 35,350                     |                       | 35,350                 |                  |    | 9   |
| 10  | Nursing and Medical Records                                      | 1,885,174                | 147,127       | 56,270     | 2,088,571  |                            | 2,088,571                  | 712                   | 2,089,283              |                  |    | 10  |
| 10a | Therapy  |                          | 10,404        | 9,424      | 19,828     |                            | 19,828                     |                       | 19,828                 |                  |    | 10a |
| 11  | Activities   | 76,362                   | 21,744        | 2,933      | 101,039    |                            | 101,039                    |                       | 101,039                |                  |    | 11  |
| 12  | Social Services  | 40,308                   |               | 4,636      | 44,944     |                            | 44,944                     |                       | 44,944                 |                  |    | 12  |
| 13  | Nurse Aide Training  | 4,103                    |               | 1,794      | 5,897      |                            | 5,897                      |                       | 5,897                  |                  |    | 13  |
| 14  | Program Transportation   |                          |               | 7,200      | 7,200      |                            | 7,200                      | 1,295                 | 8,495                  |                  |    | 14  |
| 15  | Other (specify):*  |                          |               |            |            |                            |                            | 132                   | 132                    |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 2,005,947                | 179,275       | 117,607    | 2,302,829  |                            | 2,302,829                  | 2,139                 | 2,304,968              |                  |    | 16  |
| 17  | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 17  | Administrative   | 126,095                  |               | 452,908    | 579,003    |                            | 579,003                    | (198,530)             | 380,473                |                  |    | 17  |
| 18  | Directors Fees   |                          |               |            |            |                            |                            |                       |                        |                  |    | 18  |
| 19  | Professional Services  |                          |               | 111,962    | 111,962    | (10,000)                   | 101,962                    | (3,538)               | 98,424                 |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 105,184    | 105,184    |                            | 105,184                    | (66,179)              | 39,005                 |                  |    | 20  |
| 21  | Clerical & General Office Expenses                               | 266,787                  | 5,628         | 227,384    | 499,799    |                            | 499,799                    | (41,212)              | 458,587                |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 455,673    | 455,673    |                            | 455,673                    | (13,750)              | 441,923                |                  |    | 22  |
| 23  | Inservice Training & Education                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 23  |
| 24  | Travel and Seminar   |                          |               | 5,761      | 5,761      |                            | 5,761                      | 744                   | 6,505                  |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               | 1,549      | 1,549      |                            | 1,549                      | 356                   | 1,905                  |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 79,553     | 79,553     |                            | 79,553                     | 176                   | 79,729                 |                  |    | 26  |
| 27  | Other (specify):*  |                          |               |            |            |                            |                            | 20,328                | 20,328                 |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 392,882                  | 5,628         | 1,439,974  | 1,838,484  | (10,000)                   | 1,828,484                  | (301,605)             | 1,526,879              |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 2,977,555                | 580,712       | 1,779,690  | 5,337,957  | (10,000)                   | 5,327,957                  | (427,384)             | 4,900,573              |                  |    | 29  |

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

THE RENAISSANCE AT HILLSIDE, INC.

0042176

COST REPORT RECLASSIFICATIONS

01/01/00

12/31/00

SCHEDULE V  
LINE #

22 EMPLOYEE BENEFITS

2 FOOD

To reclass cost of employee meals from raw food to employee benefits

33 REAL ESTATE TAX 10,000

19 PROFESSIONAL FEES 10,000

To reclass cost of appealing real estate taxes

Facility Name & ID Number **THE RENAISSANCE AT HILLSIDE, INC.** #0042176 Report Period Beginning: 01/01/00 Ending: 12/31/00

## V. COST CENTER EXPENSES (continued)

|    | Capital Expense                                       | Cost Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR OHF USE ONLY |    |    |
|----|---|-------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|----|
|    |   | Salary/Wage<br>1        | Supplies<br>2 | Other<br>3 | Total<br>4 |                            |                            |                       |                        | 9                | 10 |    |
|    | <b>D. Ownership</b>                                   |                         |               |            |            |                            |                            |                       |                        |                  |    |    |
| 30 | Depreciation  |                         |               | 106,985    | 106,985    |                            | 106,985                    | 159,290               | 266,275                |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                         |               |            |            |                            |                            | 21,140                | 21,140                 |                  |    | 31 |
| 32 | Interest  |                         |               | 178,687    | 178,687    |                            | 178,687                    | 465,178               | 643,865                |                  |    | 32 |
| 33 | Real Estate Taxes                                     |                         |               | 365,157    | 365,157    | 10,000                     | 375,157                    | (12,849)              | 362,308                |                  |    | 33 |
| 34 | Rent-Facility & Grounds                               |                         |               | 926,822    | 926,822    |                            | 926,822                    | (919,925)             | 6,897                  |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                             |                         |               | 23,804     | 23,804     |                            | 23,804                     | 4,494                 | 28,298                 |                  |    | 35 |
| 36 | Other (specify):*                                     |                         |               |            |            |                            |                            |                       |                        |                  |    | 36 |
| 37 | <b>TOTAL Ownership</b>                                |                         |               | 1,601,455  | 1,601,455  | 10,000                     | 1,611,455                  | (282,672)             | 1,328,783              |                  |    | 37 |
|    | <b>Ancillary Expense</b>                              |                         |               |            |            |                            |                            |                       |                        |                  |    |    |
|    | <b>E. Special Cost Centers</b>                        |                         |               |            |            |                            |                            |                       |                        |                  |    |    |
| 38 | Medically Necessary Transportation                    |                         |               |            |            |                            |                            |                       |                        |                  |    | 38 |
| 39 | Ancillary Service Centers                             |                         | 189,992       | 437,614    | 627,606    |                            | 627,606                    | 23                    | 627,629                |                  |    | 39 |
| 40 | Barber and Beauty Shops                               |                         |               |            |            |                            |                            |                       |                        |                  |    | 40 |
| 41 | Coffee and Gift Shops                                 |                         |               |            |            |                            |                            |                       |                        |                  |    | 41 |
| 42 | Provider Participation Fee                            |                         |               | 85,644     | 85,644     |                            | 85,644                     |                       | 85,644                 |                  |    | 42 |
| 43 | Other (specify):*                                     | 48,245                  |               |            | 48,245     |                            | 48,245                     |                       | 48,245                 |                  |    | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     | 48,245                  | 189,992       | 523,258    | 761,495    |                            | 761,495                    | 23                    | 761,518                |                  |    | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | 3,025,800               | 770,704       | 3,904,403  | 7,700,907  |                            | 7,700,907                  | (710,033)             | 6,990,874              |                  |    | 45 |

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

|    |  | 1            | 2              | 3               |    |
|----|--|--------------|----------------|-----------------|----|
|    | NON-ALLOWABLE EXPENSES   | Amount       | Refer-<br>ence | OHF USE<br>ONLY |    |
| 1  | Day Care   | \$           |                | \$              | 1  |
| 2  | Other Care for Outpatients                                     |              |                |                 | 2  |
| 3  | Governmental Sponsored Special Programs                        |              |                |                 | 3  |
| 4  | Non-Patient Meals  |              |                |                 | 4  |
| 5  | Telephone, TV & Radio in Resident Rooms                        |              |                |                 | 5  |
| 6  | Rented Facility Space  |              |                |                 | 6  |
| 7  | Sale of Supplies to Non-Patients                               |              |                |                 | 7  |
| 8  | Laundry for Non-Patients                                       |              |                |                 | 8  |
| 9  | Non-Straightline Depreciation                                  | (103,669)    | 30             |                 | 9  |
| 10 | Interest and Other Investment Income                           | (2,088)      | 32             |                 | 10 |
| 11 | Discounts, Allowances, Rebates & Refunds                       |              |                |                 | 11 |
| 12 | Non-Working Officer's or Owner's Salary                        |              |                |                 | 12 |
| 13 | Sales Tax  | (194)        | 2              |                 | 13 |
| 14 | Non-Care Related Interest                                      |              |                |                 | 14 |
| 15 | Non-Care Related Owner's Transactions                          |              |                |                 | 15 |
| 16 | Personal Expenses (Including Transportation)                   |              |                |                 | 16 |
| 17 | Non-Care Related Fees  |              |                |                 | 17 |
| 18 | Fines and Penalties  | (25,171)     | 21             |                 | 18 |
| 19 | Entertainment  |              |                |                 | 19 |
| 20 | Contributions  | (14,069)     | 20             |                 | 20 |
| 21 | Owner or Key-Man Insurance                                     | (13,750)     | 22             |                 | 21 |
| 22 | Special Legal Fees & Legal Retainers                           |              |                |                 | 22 |
| 23 | Malpractice Insurance for Individuals                          |              |                |                 | 23 |
| 24 | Bad Debt   | (60,000)     | 21             |                 | 24 |
| 25 | Fund Raising, Advertising and Promotional                      | (47,133)     | 20             |                 | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |              |                |                 | 26 |
| 27 | Nurse Aide Training for Non-Employees                          |              |                |                 | 27 |
| 28 | Yellow Page Advertising  | (7,672)      | 20             |                 | 28 |
| 29 | Other-Attach Schedule  | (17,078)     |                |                 | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (290,824) |                | \$              | 30 |

| OHF USE ONLY |  |    |  |    |  |    |  |
|--------------|--|----|--|----|--|----|--|
| 48           |  | 49 |  | 50 |  | 51 |  |
|              |  |    |  |    |  | 52 |  |

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

|    |  | 1            | 2         |    |
|----|--|--------------|-----------|----|
|    |  | Amount       | Reference |    |
| 31 | Non-Paid Workers-Attach Schedule*                            | \$           |           | 31 |
| 32 | Donated Goods-Attach Schedule*                               |              |           | 32 |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |              |           | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) | (419,209)    |           | 34 |
| 35 | Other- Attach Schedule                                       |              |           | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$ (419,209) |           | 36 |
|    | (sum of SUBTOTALS  |              |           |    |
| 37 | TOTAL ADJUSTMENTS (A) and (B) )                              | \$ (710,033) |           | 37 |

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.

(See instructions.)

|    |                                 | 1   | 2  | 3      | 4         |    |
|----|---------------------------------|-----|----|--------|-----------|----|
|    |                                 | Yes | No | Amount | Reference |    |
| 38 | Medically Necessary Transport.  |     |    | \$     |           | 38 |
| 39 |                                 |     |    |        |           | 39 |
| 40 | Gift and Coffee Shops           |     |    |        |           | 40 |
| 41 | Barber and Beauty Shops         |     |    |        |           | 41 |
| 42 | Laboratory and Radiology        |     |    |        |           | 42 |
| 43 | Prescription Drugs              |     |    |        |           | 43 |
| 44 | Exceptional Care Program        |     |    |        |           | 44 |
| 45 | Other-Attach Schedule           |     |    |        |           | 45 |
| 46 | Other-Attach Schedule           |     |    |        |           | 46 |
| 47 | TOTAL (C): (sum of lines 38-46) |     |    | \$     |           | 47 |

STATE OF ILLINOIS  
THE RENAISSANCE AT HILLSIDE, INC.

Page 5A

ID# 0042176  
Report Period Beginning: 01/01/00  
Ending: 12/31/00

| NON-ALLOWABLE EXPENSES |  | Amount   | Sch, V Line<br>Reference |
|------------------------|--|----------|--------------------------|
| 1                      | Deferred Maintenance                       | \$       | 6                        |
| 2                      | TV Rental/Copies/Jury Duty/Telephone/Cable | (1,768)  | 21                       |
| 3                      | Food Rebates/Lunches                       | (871)    | 2                        |
| 4                      | Laundry Income                             | (74)     | 4                        |
| 5                      | Political Contributions - ICL TC           | (252)    | 20                       |
| 6                      | Building Partnership - Trust Fees          | (748)    | 20                       |
| 7                      | Building Partnership - Professional Fees   | (7,879)  | 19                       |
| 8                      | Out of Period Legal Fees                   | (5,486)  | 19                       |
| 9                      | Missing Legal Invoice                      | (89)     | 19                       |
| 10                     |  |          | 10                       |
| 11                     |  |          | 11                       |
| 12                     |  |          | 12                       |
| 13                     |  |          | 13                       |
| 14                     |  |          | 14                       |
| 15                     |  |          | 15                       |
| 16                     |  |          | 16                       |
| 17                     |  |          | 17                       |
| 18                     |  |          | 18                       |
| 19                     |  |          | 19                       |
| 20                     |  |          | 20                       |
| 21                     |  |          | 21                       |
| 22                     |  |          | 22                       |
| 23                     |  |          | 23                       |
| 24                     |  |          | 24                       |
| 25                     |  |          | 25                       |
| 26                     |  |          | 26                       |
| 27                     |  |          | 27                       |
| 28                     |  |          | 28                       |
| 29                     |  |          | 29                       |
| 30                     |  |          | 30                       |
| 31                     |  |          | 31                       |
| 32                     |  |          | 32                       |
| 33                     |  |          | 33                       |
| 34                     |  |          | 34                       |
| 35                     |  |          | 35                       |
| 36                     |  |          | 36                       |
| 37                     |  |          | 37                       |
| 38                     |  |          | 38                       |
| 39                     |  |          | 39                       |
| 40                     |  |          | 40                       |
| 41                     |  |          | 41                       |
| 42                     |  |          | 42                       |
| 43                     |  |          | 43                       |
| 44                     |  |          | 44                       |
| 45                     |  |          | 45                       |
| 46                     |  |          | 46                       |
| 47                     |  |          | 47                       |
| 48                     |  |          | 48                       |
| 49                     |  |          | 49                       |
| 50                     |  |          | 50                       |
| 51                     |  |          | 51                       |
| 52                     |  |          | 52                       |
| 53                     |  |          | 53                       |
| 54                     |  |          | 54                       |
| 55                     |  |          | 55                       |
| 56                     |  |          | 56                       |
| 57                     |  |          | 57                       |
| 58                     |  |          | 58                       |
| 59                     |  |          | 59                       |
| 60                     |  |          | 60                       |
| 61                     |  |          | 61                       |
| 62                     |  |          | 62                       |
| 63                     |  |          | 63                       |
| 64                     |  |          | 64                       |
| 65                     |  |          | 65                       |
| 66                     |  |          | 66                       |
| 67                     |  |          | 67                       |
| 68                     |  |          | 68                       |
| 69                     |  |          | 69                       |
| 70                     |  |          | 70                       |
| 71                     |  |          | 71                       |
| 72                     |  |          | 72                       |
| 73                     |  |          | 73                       |
| 74                     |  |          | 74                       |
| 75                     |  |          | 75                       |
| 76                     |  |          | 76                       |
| 77                     |  |          | 77                       |
| 78                     |  |          | 78                       |
| 79                     |  |          | 79                       |
| 80                     |  |          | 80                       |
| 81                     |  |          | 81                       |
| 82                     |  |          | 82                       |
| 83                     |  |          | 83                       |
| 84                     |  |          | 84                       |
| 85                     |  |          | 85                       |
| 86                     |  |          | 86                       |
| 87                     |  |          | 87                       |
| 88                     |  |          | 88                       |
| 89                     |  |          | 89                       |
| 90                     | Total                                      | (17,078) | 90                       |

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

|     | Operating Expenses  | PAGES<br>5 & 5A | PAGE<br>6 | PAGE<br>6A | PAGE<br>6B | PAGE<br>6C | PAGE<br>6D | PAGE<br>6E | PAGE<br>6F | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |     |
|-----|---|-----------------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|-----|
|     | <b>A. General Services</b>                                      |                 |           |            |            |            |            |            |            |            |            |            |  |     |
| 1   | Dietary   |                 |           |            |            |            |            | (45,354)   |            |            |            |            | (45,354)                               | 1   |
| 2   | Food Purchase   | (1,065)         |           |            |            |            |            | (37,241)   |            |            |            |            | (38,306)                               | 2   |
| 3   | Housekeeping  |                 |           |            |            |            |            | (19,114)   |            |            |            |            | (19,114)                               | 3   |
| 4   | Laundry   | (74)            |           |            |            |            |            |            |            |            |            |            | (74)                                   | 4   |
| 5   | Heat and Other Utilities  |                 |           |            |            | 583        |            | (14,565)   |            |            |            |            | (13,982)                               | 5   |
| 6   | Maintenance   |                 |           |            |            | 957        |            | (12,031)   |            |            |            |            | (11,074)                               | 6   |
| 7   | Other (specify):*   |                 |           |            |            | (14)       |            |            |            |            |            |            | (14)                                   | 7   |
| 8   | <b>TOTAL General Services</b>                                   | (1,139)         |           |            |            | 1,526      |            | (128,305)  |            |            |            |            | (127,918)                              | 8   |
|     | <b>B. Health Care and Programs</b>                              |                 |           |            |            |            |            |            |            |            |            |            |  |     |
| 9   | Medical Director  |                 |           |            |            |            |            |            |            |            |            |            |  | 9   |
| 10  | Nursing and Medical Records                                     |                 |           |            |            | 712        |            |            |            |            |            |            | 712                                    | 10  |
| 10a | Therapy   |                 |           |            |            |            |            |            |            |            |            |            |  | 10a |
| 11  | Activities  |                 |           |            |            |            |            |            |            |            |            |            |  | 11  |
| 12  | Social Services   |                 |           |            |            |            |            |            |            |            |            |            |  | 12  |
| 13  | Nurse Aide Training   |                 |           |            |            |            |            |            |            |            |            |            |  | 13  |
| 14  | Program Transportation  |                 |           |            |            | 1,295      |            |            |            |            |            |            | 1,295                                  | 14  |
| 15  | Other (specify):*   |                 |           |            |            | 132        |            |            |            |            |            |            | 132                                    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                           |                 |           |            |            | 2,139      |            |            |            |            |            |            | 2,139                                  | 16  |
|     | <b>C. General Administration</b>                                |                 |           |            |            |            |            |            |            |            |            |            |  |     |
| 17  | Administrative  |                 | 30,515    | (111,944)  | (25,624)   | (166,143)  | 74,666     |            |            |            |            |            | (198,530)                              | 17  |
| 18  | Directors Fees  |                 |           |            |            |            |            |            |            |            |            |            |  | 18  |
| 19  | Professional Services   | (13,365)        | 7,879     |            | 511        | 1,437      |            |            |            |            |            |            | (3,538)                                | 19  |
| 20  | Fees, Subscriptions & Promotions                                | (69,874)        | 748       |            | 887        | 2,060      |            |            |            |            |            |            | (66,179)                               | 20  |
| 21  | Clerical & General Office Expenses                              | (86,939)        |           | 257        | 6,303      | 98,256     |            | (59,089)   |            |            |            |            | (41,212)                               | 21  |
| 22  | Employee Benefits & Payroll Taxes                               | (13,750)        |           |            |            |            |            |            |            |            |            |            | (13,750)                               | 22  |
| 23  | Inservice Training & Education                                  |                 |           |            |            |            |            |            |            |            |            |            |  | 23  |
| 24  | Travel and Seminar  |                 |           |            | 35         | 709        |            |            |            |            |            |            | 744                                    | 24  |
| 25  | Other Admin. Staff Transportation                               |                 |           |            |            | 356        |            |            |            |            |            |            | 356                                    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                 |                 |           |            |            | 176        |            |            |            |            |            |            | 176                                    | 26  |
| 27  | Other (specify):*   |                 |           | 355        | 3,676      | 14,368     | 1,929      |            |            |            |            |            | 20,328                                 | 27  |
| 28  | <b>TOTAL General Administration</b>                             | (183,928)       | 39,142    | (111,332)  | (14,212)   | (48,781)   | 76,595     | (59,089)   |            |            |            |            | (301,605)                              | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8,16 &amp; 28)</b> | (185,067)       | 39,142    | (111,332)  | (14,212)   | (45,116)   | 76,595     | (187,394)  |            |            |            |            | (427,384)                              | 29  |



## STATE OF ILLINOIS

Summary B

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

|    | Capital Expense                                       | PAGES<br>5 & 5A | PAGE<br>6 | PAGE<br>6A | PAGE<br>6B | PAGE<br>6C | PAGE<br>6D | PAGE<br>6E | PAGE<br>6F | PAGE<br>6G | PAGE<br>6H | PAGE<br>6I | SUMMARY<br>TOTALS<br>(to Sch V, col.7) |    |
|----|---|-----------------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--|----|
|    | <b>D. Ownership</b>                                   |                 |           |            |            |            |            |            |            |            |            |            |  |    |
| 30 | Depreciation  | (103,669)       | 259,317   |            |            | 3,642      |            |            |            |            |            |            | 159,290                                | 30 |
| 31 | Amortization of Pre-Op. & Org.                        |                 | 21,140    |            |            |            |            |            |            |            |            |            | 21,140                                 | 31 |
| 32 | Interest  | (2,088)         | 468,972   |            |            | (1,706)    |            |            |            |            |            |            | 465,178                                | 32 |
| 33 | Real Estate Taxes                                     |                 | (12,849)  |            |            |            |            |            |            |            |            |            | (12,849)                               | 33 |
| 34 | Rent-Facility & Grounds                               |                 | (926,821) |            |            | 6,896      |            |            |            |            |            |            | (919,925)                              | 34 |
| 35 | Rent-Equipment & Vehicles                             |                 |           |            |            | 4,494      |            |            |            |            |            |            | 4,494                                  | 35 |
| 36 | Other (specify):*                                     |                 |           |            |            |            |            |            |            |            |            |            |  | 36 |
| 37 | <b>TOTAL Ownership</b>                                | (105,757)       | (190,241) |            |            | 13,326     |            |            |            |            |            |            | (282,672)                              | 37 |
|    | <b>Ancillary Expense</b>                              |                 |           |            |            |            |            |            |            |            |            |            |  |    |
|    | <b>E. Special Cost Centers</b>                        |                 |           |            |            |            |            |            |            |            |            |            |  |    |
| 38 | Medically Necessary Transportation                    |                 |           |            |            |            |            |            |            |            |            |            |  | 38 |
| 39 | Ancillary Service Centers                             |                 |           |            |            | 23         |            |            |            |            |            |            | 23                                     | 39 |
| 40 | Barber and Beauty Shops                               |                 |           |            |            |            |            |            |            |            |            |            |  | 40 |
| 41 | Coffee and Gift Shops                                 |                 |           |            |            |            |            |            |            |            |            |            |  | 41 |
| 42 | Provider Participation Fee                            |                 |           |            |            |            |            |            |            |            |            |            |  | 42 |
| 43 | Other (specify):*                                     |                 |           |            |            |            |            |            |            |            |            |            |  | 43 |
| 44 | <b>TOTAL Special Cost Centers</b>                     |                 |           |            |            | 23         |            |            |            |            |            |            | 23                                     | 44 |
| 45 | <b>GRAND TOTAL COST</b><br>(sum of lines 29, 37 & 44) | (290,824)       | (151,099) | (111,332)  | (14,212)   | (31,767)   | 76,595     | (187,394)  |            |            |            |            | (710,033)                              | 45 |

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

| 1 OWNERS     |             | 2 RELATED NURSING HOMES |      | 3 OTHER RELATED BUSINESS ENTITIES |              |                   |
|--------------|-------------|-------------------------|------|-----------------------------------|--------------|-------------------|
| Name         | Ownership % | Name                    | City | Name                              | City         | Type of Business  |
| See Attached |             | See Attached            |      | See Attached                      |              |                   |
|              |             |                         |      | Hillside Ltd.                     | Hillside, IL | Bldg. Partnership |
|              |             |                         |      | Partnership                       |              |                   |
|              |             |                         |      |                                   |              |                   |
|              |             |                         |      |                                   |              |                   |
|              |             |                         |      |                                   |              |                   |

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1 Schedule V |       | 2 Line | 3 Cost Per General Ledger | 4 Amount   | 5 Cost to Related Organization | 6 Percent of Ownership | 7 Operating Cost of Related Organization | 8 Difference: Adjustments for Related Organization Costs (7 minus 4) |    |
|--------------|-------|--------|---------------------------|------------|--------------------------------|------------------------|--|--|----|
|              |       |        | Item                      |            | Name of Related Organization   |                        |  |  |    |
| 1            | V     | 34     | Rental Income             | \$ 926,821 | Hillside Limited Partnership   |                        | \$                                       | (926,821)  | 1  |
| 2            | V     | 31     | Amortization              |            | Hillside Limited Partnership   |                        | 21,140                                   | 21,140   | 2  |
| 3            | V     | 30     | Depreciation              |            | Hillside Limited Partnership   |                        | 259,317                                  | 259,317  | 3  |
| 4            | V     | 20     | Trust Fees                |            | Hillside Limited Partnership   |                        | 748                                      | 748  | 4  |
| 5            | V     | 19     | Professional Fees         |            | Hillside Limited Partnership   |                        | 7,879                                    | 7,879  | 5  |
| 6            | V     | 32     | Interest Expense          |            | Hillside Limited Partnership   |                        | 468,972                                  | 468,972  | 6  |
| 7            | V     | 33     | Real Estate Taxes         | 12,849     | Hillside Limited Partnership   |                        |  | (12,849)   | 7  |
| 8            | V     | 17     | Management Fees           |            | Hillside Limited Partnership   |                        | 30,515                                   | 30,515   | 8  |
| 9            | V     |        |                           |            |                                |                        |  |  | 9  |
| 10           | V     |        |                           |            |                                |                        |  |  | 10 |
| 11           | V     |        |                           |            |                                |                        |  |  | 11 |
| 12           | V     |        |                           |            |                                |                        |  |  | 12 |
| 13           | V     |        |                           |            |                                |                        |  |  | 13 |
| 14           | Total |        |                           | \$ 939,670 |                                |                        | \$ 788,571                               | \$ * (151,099)   | 14 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1          | 2     | 3 Cost Per General Ledger   | 4          | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |    |
|------------|-------|-----------------------------|------------|--------------------------------|----------------------|--|--|----|
| Schedule V | Line  | Item                        | Amount     | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     | 17 J. RAJCHENBACH-COMP.     | \$         | JLR MANAGEMENT CORP.           | 100.00%              | \$ 8,056                               | \$ 8,056   | 15 |
| 16         | V     | 21 OFFICE                   |            | JLR MANAGEMENT CORP.           | 100.00%              | 257                                    | 257  | 16 |
| 17         | V     | 27 PAYROLL TAXES            |            | JLR MANAGEMENT CORP.           | 100.00%              | 355                                    | 355  | 17 |
| 18         | V     |                             |            |                                |                      |  |  | 18 |
| 19         | V     |                             |            |                                |                      |  |  | 19 |
| 20         | V     |                             |            |                                |                      |  |  | 20 |
| 21         | V     | 17 MARVIN NEEDLE-CONS. FEES |            | JLR MANAGEMENT CORP.           | 100.00%              |  |  | 21 |
| 22         | V     |                             |            |                                |                      |  |  | 22 |
| 23         | V     |                             |            |                                |                      |  |  | 23 |
| 24         | V     | 17 MARK BERGER-CONS. FEES   |            | JLR MANAGEMENT CORP.           | 100.00%              |  |  | 24 |
| 25         | V     | 21 SECRETARIAL              |            | JLR MANAGEMENT CORP.           | 100.00%              |  |  | 25 |
| 26         | V     |                             |            |                                |                      |  |  | 26 |
| 27         | V     |                             |            |                                |                      |  |  | 27 |
| 28         | V     |                             |            |                                |                      |  |  | 28 |
| 29         | V     | 17 MANAGEMENT FEES          | 120,000    | JLR MANAGEMENT CORP.           | 100.00%              |  | (120,000)  | 29 |
| 30         | V     |                             |            |                                |                      |  |  | 30 |
| 31         | V     |                             |            |                                |                      |  |  | 31 |
| 32         | V     |                             |            |                                |                      |  |  | 32 |
| 33         | V     |                             |            |                                |                      |  |  | 33 |
| 34         | V     |                             |            |                                |                      |  |  | 34 |
| 35         | V     |                             |            |                                |                      |  |  | 35 |
| 36         | V     |                             |            |                                |                      |  |  | 36 |
| 37         | V     |                             |            |                                |                      |  |  | 37 |
| 38         | V     |                             |            |                                |                      |  |  | 38 |
| 39         | Total |                             | \$ 120,000 |                                |                      | \$ 8,668                               | \$ * (111,332)   | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1          | 2     | 3                               | 4         | 5  | 6                          | 7  | 8   |    |
|------------|-------|---------------------------------|-----------|--|----------------------------|--|---|----|
| Schedule V | Line  | Cost Per General Ledger<br>Item | Amount    | Cost to Related Organization<br>Name of Related Organization | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization | Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |    |
| 15         | V     | 17 ADMINISTRATIVE               | \$        | CAREPATH HEALTH NETWORK                                      | 100.00%                    | \$ 21,141                                    | \$ 21,141   | 15 |
| 16         | V     | 19 PROFESSIONAL FEES            |           | CAREPATH HEALTH NETWORK                                      |                            | 511  | 511   | 16 |
| 17         | V     | 20 FEES, SUBSCRIPTIONS          |           | CAREPATH HEALTH NETWORK                                      |                            | 887  | 887   | 17 |
| 18         | V     | 21 CLERICAL AND GENERAL         |           | CAREPATH HEALTH NETWORK                                      |                            | 6,303  | 6,303   | 18 |
| 19         | V     | 24 SEMINARS                     |           | CAREPATH HEALTH NETWORK                                      |                            | 35   | 35  | 19 |
| 20         | V     | 27 GEN ADMIN.- EMP. BEN.        |           | CAREPATH HEALTH NETWORK                                      |                            | 3,676  | 3,676   | 20 |
| 21         | V     |                                 |           |  |                            |  |   | 21 |
| 22         | V     |                                 |           |  |                            |  |   | 22 |
| 23         | V     |                                 |           |  |                            |  |   | 23 |
| 24         | V     | 17 MANAGEMENT FEES              | 46,765    | CAREPATH HEALTH NETWORK                                      |                            |  | (46,765)  | 24 |
| 25         | V     |                                 |           |  |                            |  |   | 25 |
| 26         | V     |                                 |           |  |                            |  |   | 26 |
| 27         | V     |                                 |           |  |                            |  |   | 27 |
| 28         | V     |                                 |           |  |                            |  |   | 28 |
| 29         | V     |                                 |           |  |                            |  |   | 29 |
| 30         | V     |                                 |           |  |                            |  |   | 30 |
| 31         | V     |                                 |           |  |                            |  |   | 31 |
| 32         | V     |                                 |           |  |                            |  |   | 32 |
| 33         | V     |                                 |           |  |                            |  |   | 33 |
| 34         | V     |                                 |           |  |                            |  |   | 34 |
| 35         | V     |                                 |           |  |                            |  |   | 35 |
| 36         | V     |                                 |           |  |                            |  |   | 36 |
| 37         | V     |                                 |           |  |                            |  |   | 37 |
| 38         | V     |                                 |           |  |                            |  |   | 38 |
| 39         | Total |                                 | \$ 46,765 |  |                            | \$ 32,553                                    | \$ * (14,212)   | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1<br>Schedule V | 2<br>Line | 3 Cost Per General Ledger    | 4          | 5 Cost to Related Organization | 6                          | 7  | 8 Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |              |
|-----------------|-----------|------------------------------|------------|--------------------------------|----------------------------|--|---|--------------|
|                 |           | Item                         | Amount     | Name of Related Organization   | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization |   |              |
| 15              | V         | 5 UTILITIES                  | \$         | NUCARE SERVICES CORP.          | 100.00%                    | \$ 583                                       | \$  | 583 15       |
| 16              | V         | 6 REPAIRS AND MAINT.         |            | NUCARE SERVICES CORP.          | 100.00%                    | 957  |   | 957 16       |
| 17              | V         | 7 EMPLOYEE BEN. GEN. SERV.   |            | NUCARE SERVICES CORP.          | 100.00%                    | (14)   |   | (14) 17      |
| 18              | V         | 10 NURSING ADMIN. COMP.      |            | NUCARE SERVICES CORP.          | 100.00%                    | 712  |   | 712 18       |
| 19              | V         | 14 PROGRAM TRANSPORTATION    |            | NUCARE SERVICES CORP.          | 100.00%                    | 1,295  |   | 1,295 19     |
| 20              | V         | 15 HEALTHCARE BENEFITS       |            | NUCARE SERVICES CORP.          | 100.00%                    | 132  |   | 132 20       |
| 21              | V         | 19 PROFESSIONAL FEES         |            | NUCARE SERVICES CORP.          | 100.00%                    | 1,437  |   | 1,437 21     |
| 22              | V         | 20 FEES SUBSCRIPTIONS        |            | NUCARE SERVICES CORP.          | 100.00%                    | 2,060  |   | 2,060 22     |
| 23              | V         | 21 CLERICAL & GENERAL        |            | NUCARE SERVICES CORP.          | 100.00%                    | 98,256                                       |   | 98,256 23    |
| 24              | V         | 24 SEMINARS AND EDUCATION    |            | NUCARE SERVICES CORP.          | 100.00%                    | 709  |   | 709 24       |
| 25              | V         | 25 ADMIN. STAFF TRAVEL       |            | NUCARE SERVICES CORP.          | 100.00%                    | 356  |   | 356 25       |
| 26              | V         | 26 INSURANCE                 |            | NUCARE SERVICES CORP.          | 100.00%                    | 176  |   | 176 26       |
| 27              | V         | 27 EMPLOYEE BEN. GEN. ADMIN. |            | NUCARE SERVICES CORP.          | 100.00%                    | 14,368                                       |   | 14,368 27    |
| 28              | V         | 30 DEPRECIATION              |            | NUCARE SERVICES CORP.          | 100.00%                    | 3,642  |   | 3,642 28     |
| 29              | V         | 32 INTEREST EXPENSE          |            | NUCARE SERVICES CORP.          | 100.00%                    | (1,706)                                      |   | (1,706) 29   |
| 30              | V         | 34 BUILDING RENT             |            | NUCARE SERVICES CORP.          | 100.00%                    | 6,896  |   | 6,896 30     |
| 31              | V         | 35 EQUIPMENT RENTAL          |            | NUCARE SERVICES CORP.          | 100.00%                    | 4,494  |   | 4,494 31     |
| 32              | V         | 39 ANCILLARY                 |            | NUCARE SERVICES CORP.          | 100.00%                    | 23   |   | 23 32        |
| 33              | V         |                              |            |                                |                            |  |   |              |
| 34              | V         |                              |            |                                |                            |  |   |              |
| 35              | V         | 17 MANAGEMENT FEES           | 166,143    | NUCARE SERVICES CORP.          | 100.00%                    |  |   | (166,143) 35 |
| 36              | V         |                              |            |                                |                            |  |   |              |
| 37              | V         |                              |            |                                |                            |  |   |              |
| 38              | V         |                              |            |                                |                            |  |   |              |
| 39              | Total     |                              | \$ 166,143 |                                |                            | \$ 134,376                                   | \$ *  | (31,767) 39  |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1<br>Schedule V | 2<br>Line | 3 Cost Per General Ledger |        | 5 Cost to Related Organization |                            | 6  | 7    | 8 Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |    |
|-----------------|-----------|---------------------------|--------|--------------------------------|----------------------------|--|------|---|----|
|                 |           | Item                      | Amount | Name of Related Organization   | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization |      |   |    |
| 15              | V         | 17 ADMIN. - R. HARTMAN    | \$     | NUCARE SERVICES CORP.          | 100.00%                    | \$ 61,121                                    | \$   | 61,121  | 15 |
| 16              | V         | 17 ADMIN. - B. CARR       |        | NUCARE SERVICES CORP.          | 100.00%                    | 13,128                                       |      | 13,128  | 16 |
| 17              | V         | 17 ADMIN. - D. HARTMAN    |        | NUCARE SERVICES CORP.          | 100.00%                    | 417  |      | 417   | 17 |
| 18              | V         | 17 ADMIN. - E. DICKMAN    |        | NUCARE SERVICES CORP.          | 100.00%                    |  |      |   | 18 |
| 19              | V         | 27 EMP. BEN. - R. HARTMAN |        | NUCARE SERVICES CORP.          | 100.00%                    | 1,296  |      | 1,296   | 19 |
| 20              | V         | 27 EMP. BEN. - B. CARR    |        | NUCARE SERVICES CORP.          | 100.00%                    | 598  |      | 598   | 20 |
| 21              | V         | 27 EMP. BEN. - D. HARTMAN |        | NUCARE SERVICES CORP.          | 100.00%                    | 35   |      | 35  | 21 |
| 22              | V         | 27 EMP. BEN. - E. DICKMAN |        | NUCARE SERVICES CORP.          | 100.00%                    |  |      |   | 22 |
| 23              | V         |                           |        |                                |                            |  |      |   | 23 |
| 24              | V         |                           |        |                                |                            |  |      |   | 24 |
| 25              | V         |                           |        |                                |                            |  |      |   | 25 |
| 26              | V         |                           |        |                                |                            |  |      |   | 26 |
| 27              | V         |                           |        |                                |                            |  |      |   | 27 |
| 28              | V         |                           |        |                                |                            |  |      |   | 28 |
| 29              | V         |                           |        |                                |                            |  |      |   | 29 |
| 30              | V         |                           |        |                                |                            |  |      |   | 30 |
| 31              | V         |                           |        |                                |                            |  |      |   | 31 |
| 32              | V         |                           |        |                                |                            |  |      |   | 32 |
| 33              | V         |                           |        |                                |                            |  |      |   | 33 |
| 34              | V         |                           |        |                                |                            |  |      |   | 34 |
| 35              | V         |                           |        |                                |                            |  |      |   | 35 |
| 36              | V         |                           |        |                                |                            |  |      |   | 36 |
| 37              | V         |                           |        |                                |                            |  |      |   | 37 |
| 38              | V         |                           |        |                                |                            |  |      |   | 38 |
| 39              | Total     |                           | \$     |                                |                            | \$ 76,595                                    | \$ * | 76,595  | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1<br>Schedule V | 2<br>Line | 3 Cost Per General Ledger | 4          | 5 Cost to Related Organization | 6                          | 7  | 8 Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |    |
|-----------------|-----------|---------------------------|------------|--------------------------------|----------------------------|--|---|----|
|                 |           | Item                      | Amount     | Name of Related Organization   | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization |   |    |
| 15              | V         | 1 Dietary                 | \$ 45,354  | Hillside Assisted Living       |                            | \$   | \$ (45,354)   | 15 |
| 16              | V         | 2 Food                    | 37,241     | Hillside Assisted Living       |                            |  | (37,241)  | 16 |
| 17              | V         | 3 Housekeeping            | 19,114     | Hillside Assisted Living       |                            |  | (19,114)  | 17 |
| 18              | V         | 5 Utilities               | 14,565     | Hillside Assisted Living       |                            |  | (14,565)  | 18 |
| 19              | V         | 6 Maintenance             | 12,031     | Hillside Assisted Living       |                            |  | (12,031)  | 19 |
| 20              | V         | 21 Office                 | 59,089     | Hillside Assisted Living       |                            |  | (59,089)  | 20 |
| 21              | V         |                           |            |                                |                            |  |   | 21 |
| 22              | V         |                           |            |                                |                            |  |   | 22 |
| 23              | V         |                           |            |                                |                            |  |   | 23 |
| 24              | V         |                           |            |                                |                            |  |   | 24 |
| 25              | V         |                           |            |                                |                            |  |   | 25 |
| 26              | V         |                           |            |                                |                            |  |   | 26 |
| 27              | V         |                           |            |                                |                            |  |   | 27 |
| 28              | V         |                           |            |                                |                            |  |   | 28 |
| 29              | V         |                           |            |                                |                            |  |   | 29 |
| 30              | V         |                           |            |                                |                            |  |   | 30 |
| 31              | V         |                           |            |                                |                            |  |   | 31 |
| 32              | V         |                           |            |                                |                            |  |   | 32 |
| 33              | V         |                           |            |                                |                            |  |   | 33 |
| 34              | V         |                           |            |                                |                            |  |   | 34 |
| 35              | V         |                           |            |                                |                            |  |   | 35 |
| 36              | V         |                           |            |                                |                            |  |   | 36 |
| 37              | V         |                           |            |                                |                            |  |   | 37 |
| 38              | V         |                           |            |                                |                            |  |   | 38 |
| 39              | Total     |                           | \$ 187,394 |                                |                            | \$ 0   | \$ * (187,394)  | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1<br>Schedule V | 2<br>Line | 3 Cost Per General Ledger | 4         | 5 Cost to Related Organization | 6                          | 7  | 8 Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |    |
|-----------------|-----------|---------------------------|-----------|--------------------------------|----------------------------|--|---|----|
|                 |           | Item                      | Amount    | Name of Related Organization   | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization |   |    |
| 15              | V         | 22 Workers Compensation   | \$ 71,356 | Diamond Insurance              | 40.00%                     | \$ 71,356                                    | \$  | 15 |
| 16              | V         |                           |           |                                |                            |  |   | 16 |
| 17              | V         |                           |           |                                |                            |  |   | 17 |
| 18              | V         |                           |           |                                |                            |  |   | 18 |
| 19              | V         |                           |           |                                |                            |  |   | 19 |
| 20              | V         |                           |           |                                |                            |  |   | 20 |
| 21              | V         |                           |           |                                |                            |  |   | 21 |
| 22              | V         |                           |           |                                |                            |  |   | 22 |
| 23              | V         |                           |           |                                |                            |  |   | 23 |
| 24              | V         |                           |           |                                |                            |  |   | 24 |
| 25              | V         |                           |           |                                |                            |  |   | 25 |
| 26              | V         |                           |           |                                |                            |  |   | 26 |
| 27              | V         |                           |           |                                |                            |  |   | 27 |
| 28              | V         |                           |           |                                |                            |  |   | 28 |
| 29              | V         |                           |           |                                |                            |  |   | 29 |
| 30              | V         |                           |           |                                |                            |  |   | 30 |
| 31              | V         |                           |           |                                |                            |  |   | 31 |
| 32              | V         |                           |           |                                |                            |  |   | 32 |
| 33              | V         |                           |           |                                |                            |  |   | 33 |
| 34              | V         |                           |           |                                |                            |  |   | 34 |
| 35              | V         |                           |           |                                |                            |  |   | 35 |
| 36              | V         |                           |           |                                |                            |  |   | 36 |
| 37              | V         |                           |           |                                |                            |  |   | 37 |
| 38              | V         |                           |           |                                |                            |  |   | 38 |
| 39              | Total     |                           | \$ 71,356 |                                |                            | \$ 71,356                                    | \$ *  | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.



VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1<br>Schedule V | 2<br>Line | 3 Cost Per General Ledger | 4      | 5 Cost to Related Organization | 6                          | 7  | 8 Difference:<br>Adjustments for<br>Related Organization<br>Costs (7 minus 4) |    |
|-----------------|-----------|---------------------------|--------|--------------------------------|----------------------------|--|---|----|
|                 |           | Item                      | Amount | Name of Related Organization   | Percent<br>of<br>Ownership | Operating Cost<br>of Related<br>Organization |   |    |
| 15              | V         |                           | \$     |                                |                            | \$   | \$  | 15 |
| 16              | V         |                           |        |                                |                            |  |   | 16 |
| 17              | V         |                           |        |                                |                            |  |   | 17 |
| 18              | V         |                           |        |                                |                            |  |   | 18 |
| 19              | V         |                           |        |                                |                            |  |   | 19 |
| 20              | V         |                           |        |                                |                            |  |   | 20 |
| 21              | V         |                           |        |                                |                            |  |   | 21 |
| 22              | V         |                           |        |                                |                            |  |   | 22 |
| 23              | V         |                           |        |                                |                            |  |   | 23 |
| 24              | V         |                           |        |                                |                            |  |   | 24 |
| 25              | V         |                           |        |                                |                            |  |   | 25 |
| 26              | V         |                           |        |                                |                            |  |   | 26 |
| 27              | V         |                           |        |                                |                            |  |   | 27 |
| 28              | V         |                           |        |                                |                            |  |   | 28 |
| 29              | V         |                           |        |                                |                            |  |   | 29 |
| 30              | V         |                           |        |                                |                            |  |   | 30 |
| 31              | V         |                           |        |                                |                            |  |   | 31 |
| 32              | V         |                           |        |                                |                            |  |   | 32 |
| 33              | V         |                           |        |                                |                            |  |   | 33 |
| 34              | V         |                           |        |                                |                            |  |   | 34 |
| 35              | V         |                           |        |                                |                            |  |   | 35 |
| 36              | V         |                           |        |                                |                            |  |   | 36 |
| 37              | V         |                           |        |                                |                            |  |   | 37 |
| 38              | V         |                           |        |                                |                            |  |   | 38 |
| 39              | Total     |                           | \$     |                                |                            | \$ 0   | \$ *  | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1          |       | 2    | 3 Cost Per General Ledger | 4      | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference:  |    |
|------------|-------|------|---------------------------|--------|--------------------------------|----------------------|--|--|----|
| Schedule V |       | Line | Item                      | Amount | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization | Adjustments for Related Organization Costs (7 minus 4) |    |
| 15         | V     |      |                           | \$     |                                |                      | \$                                     | \$   | 15 |
| 16         | V     |      |                           |        |                                |                      |  |  | 16 |
| 17         | V     |      |                           |        |                                |                      |  |  | 17 |
| 18         | V     |      |                           |        |                                |                      |  |  | 18 |
| 19         | V     |      |                           |        |                                |                      |  |  | 19 |
| 20         | V     |      |                           |        |                                |                      |  |  | 20 |
| 21         | V     |      |                           |        |                                |                      |  |  | 21 |
| 22         | V     |      |                           |        |                                |                      |  |  | 22 |
| 23         | V     |      |                           |        |                                |                      |  |  | 23 |
| 24         | V     |      |                           |        |                                |                      |  |  | 24 |
| 25         | V     |      |                           |        |                                |                      |  |  | 25 |
| 26         | V     |      |                           |        |                                |                      |  |  | 26 |
| 27         | V     |      |                           |        |                                |                      |  |  | 27 |
| 28         | V     |      |                           |        |                                |                      |  |  | 28 |
| 29         | V     |      |                           |        |                                |                      |  |  | 29 |
| 30         | V     |      |                           |        |                                |                      |  |  | 30 |
| 31         | V     |      |                           |        |                                |                      |  |  | 31 |
| 32         | V     |      |                           |        |                                |                      |  |  | 32 |
| 33         | V     |      |                           |        |                                |                      |  |  | 33 |
| 34         | V     |      |                           |        |                                |                      |  |  | 34 |
| 35         | V     |      |                           |        |                                |                      |  |  | 35 |
| 36         | V     |      |                           |        |                                |                      |  |  | 36 |
| 37         | V     |      |                           |        |                                |                      |  |  | 37 |
| 38         | V     |      |                           |        |                                |                      |  |  | 38 |
| 39         | Total |      |                           | \$     |                                |                      | \$ 0                                   | \$ *   | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name &amp; ID Number

THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

| 1          |       | 2    | 3 Cost Per General Ledger | 4      | 5 Cost to Related Organization | 6                    | 7                                      | 8 Difference: Adjustments for Related Organization Costs (7 minus 4) |    |
|------------|-------|------|---------------------------|--------|--------------------------------|----------------------|--|--|----|
| Schedule V |       | Line | Item                      | Amount | Name of Related Organization   | Percent of Ownership | Operating Cost of Related Organization |  |    |
| 15         | V     |      |                           | \$     |                                |                      | \$                                     | \$   | 15 |
| 16         | V     |      |                           |        |                                |                      |  |  | 16 |
| 17         | V     |      |                           |        |                                |                      |  |  | 17 |
| 18         | V     |      |                           |        |                                |                      |  |  | 18 |
| 19         | V     |      |                           |        |                                |                      |  |  | 19 |
| 20         | V     |      |                           |        |                                |                      |  |  | 20 |
| 21         | V     |      |                           |        |                                |                      |  |  | 21 |
| 22         | V     |      |                           |        |                                |                      |  |  | 22 |
| 23         | V     |      |                           |        |                                |                      |  |  | 23 |
| 24         | V     |      |                           |        |                                |                      |  |  | 24 |
| 25         | V     |      |                           |        |                                |                      |  |  | 25 |
| 26         | V     |      |                           |        |                                |                      |  |  | 26 |
| 27         | V     |      |                           |        |                                |                      |  |  | 27 |
| 28         | V     |      |                           |        |                                |                      |  |  | 28 |
| 29         | V     |      |                           |        |                                |                      |  |  | 29 |
| 30         | V     |      |                           |        |                                |                      |  |  | 30 |
| 31         | V     |      |                           |        |                                |                      |  |  | 31 |
| 32         | V     |      |                           |        |                                |                      |  |  | 32 |
| 33         | V     |      |                           |        |                                |                      |  |  | 33 |
| 34         | V     |      |                           |        |                                |                      |  |  | 34 |
| 35         | V     |      |                           |        |                                |                      |  |  | 35 |
| 36         | V     |      |                           |        |                                |                      |  |  | 36 |
| 37         | V     |      |                           |        |                                |                      |  |  | 37 |
| 38         | V     |      |                           |        |                                |                      |  |  | 38 |
| 39         | Total |      |                           | \$     |                                |                      | \$ 0                                   | \$ *   | 39 |

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC. # 0042176 Report Period Beginning: 01/01/00 Ending: 12/31/00

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

|    | 1<br>Name         | 2<br>Title | 3<br>Function  | 4<br>Ownership Interest | 5<br>Compensation Received From Other Nursing Homes* | 6<br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br>Compensation Included in Costs for this Reporting Period** |            | 8<br>Schedule V. Line & Column Reference |    |
|----|-------------------|------------|----------------|-------------------------|--|--|---------|---|------------|--|----|
|    |                   |            |                |                         |  | Hours  | Percent | Description   | Amount     |  |    |
| 1  | Bernard Hollander | Owner      | Administrative | 25.00%                  | See Attached   | 2  | 3.08%   |   | \$ 0       |  | 1  |
| 2  | Jack Rajchenbach  | Owner      | Administrative | 25.00%                  | See Attached   | 3  | 4.61%   | Alloc.-Salary   | 8,056      | 17-7                                     | 2  |
| 3  | Robert Hartman    | Owner      | Administrative | 20.05%                  | See Attached   | 3.1  | 4.77%   | Alloc.-Nucare   | 61,121     | 17-7                                     | 3  |
| 4  | Robert Hartman    | Owner      | Administrative | 20.05%                  | See Attached   |  |         | Mgmt Fees   | 120,000    | 17-3                                     | 4  |
| 5  | David Hartman     | Relative   | Administrative |                         | See Attached   | 0.4  | .88%    | Alloc-Nucare  | 417        | 17-7                                     | 5  |
| 6  |                   |            |                |                         |  |  |         |   |            |  | 6  |
| 7  |                   |            |                |                         |  |  |         |   |            |  | 7  |
| 8  |                   |            |                |                         |  |  |         |   |            |  | 8  |
| 9  |                   |            |                |                         |  |  |         |   |            |  | 9  |
| 10 |                   |            |                |                         |  |  |         |   |            |  | 10 |
| 11 |                   |            |                |                         |  |  |         |   |            |  | 11 |
| 12 |                   |            |                |                         |  |  |         |   |            |  | 12 |
| 13 |                   |            |                |                         |  |  |         | TOTAL   | \$ 189,594 |  | 13 |

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees)  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☒

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1                               | 2      | 3   | 4           | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|---|-------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e., Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               |        |   |             |  |   |   |                   |                                    | 1  |
| 2                               |        |   |             |  |   |   |                   |                                    | 2  |
| 3                               |        |   |             |  |   |   |                   |                                    | 3  |
| 4                               |        |   |             |  |   |   |                   |                                    | 4  |
| 5                               |        |   |             |  |   |   |                   |                                    | 5  |
| 6                               |        |   |             |  |   |   |                   |                                    | 6  |
| 7                               |        |   |             |  |   |   |                   |                                    | 7  |
| 8                               |        |   |             |  |   |   |                   |                                    | 8  |
| 9                               |        |   |             |  |   |   |                   |                                    | 9  |
| 10                              |        |   |             |  |   |   |                   |                                    | 10 |
| 11                              |        |   |             |  |   |   |                   |                                    | 11 |
| 12                              |        |   |             |  |   |   |                   |                                    | 12 |
| 13                              |        |   |             |  |   |   |                   |                                    | 13 |
| 14                              |        |   |             |  |   |   |                   |                                    | 14 |
| 15                              |        |   |             |  |   |   |                   |                                    | 15 |
| 16                              |        |   |             |  |   |   |                   |                                    | 16 |
| 17                              |        |   |             |  |   |   |                   |                                    | 17 |
| 18                              |        |   |             |  |   |   |                   |                                    | 18 |
| 19                              |        |   |             |  |   |   |                   |                                    | 19 |
| 20                              |        |   |             |  |   |   |                   |                                    | 20 |
| 21                              |        |   |             |  |   |   |                   |                                    | 21 |
| 22                              |        |   |             |  |   |   |                   |                                    | 22 |
| 23                              |        |   |             |  |   |   |                   |                                    | 23 |
| 24                              |        |   |             |  |   |   |                   |                                    | 24 |
| 25                              | TOTALS |   |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization JLR MANAGEMENT CORP.Street Address 6633 NORTH LINCOLNCity / State / Zip Code LINCOLNWOOD, IL. 60712Phone Number ( 847) 679-9141Fax Number ( 847) 679-1820

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1          | 2      | 3                        | 4                 | 5               | 6              | 7                | 8          | 9                    |          |
|------------|--------|--------------------------|-------------------|-----------------|----------------|------------------|------------|----------------------|----------|
| Schedule V |        | Unit of Allocation       |                   | Number of       | Total Indirect | Amount of Salary | Facility   | Allocation           |          |
| Line       | Item   | (i.e.,Days, Direct Cost, | Total Units       | Subunits Being  | Cost Being     | Cost Contained   | Units      | (col.8/col.4)x col.6 |          |
| Reference  |        | Square Feet)             |                   | Allocated Among | Allocated      | in Column 6      |            |                      |          |
| 1          | 17     | J. RAJCHENBACH-COMP.     | AVG. HOURS WORKED | 61              | 9              | \$ 163,800       | \$ 163,800 | 3                    | \$ 8,056 |
| 2          | 21     | OFFICE                   | AVG. HOURS WORKED | 61              | 9              | 5,235            |            | 3                    | 257      |
| 3          | 27     | PAYROLL TAXES            | AVG. HOURS WORKED | 61              | 9              | 7,210            |            | 3                    | 355      |
| 4          |        |                          |                   |                 |                |                  |            |                      | 4        |
| 5          |        |                          |                   |                 |                |                  |            |                      | 5        |
| 6          |        |                          |                   |                 |                |                  |            |                      | 6        |
| 7          | 17     | MARVIN NEEDLE-CONS. FEES | AVG. HOURS WORKED | 40              | 1              | 46,296           |            |                      | 7        |
| 8          |        |                          |                   |                 |                |                  |            |                      | 8        |
| 9          |        |                          |                   |                 |                |                  |            |                      | 9        |
| 10         | 17     | MARK BERGER-CONS. FEES   | AVG. HOURS WORKED | 40              | 2              | 15,000           |            |                      | 10       |
| 11         | 21     | SECRETARIAL              | AVG. HOURS WORKED | 40              | 2              | 5,000            |            |                      | 11       |
| 12         |        |                          |                   |                 |                |                  |            |                      | 12       |
| 13         |        |                          |                   |                 |                |                  |            |                      | 13       |
| 14         |        |                          |                   |                 |                |                  |            |                      | 14       |
| 15         |        |                          |                   |                 |                |                  |            |                      | 15       |
| 16         |        |                          |                   |                 |                |                  |            |                      | 16       |
| 17         |        |                          |                   |                 |                |                  |            |                      | 17       |
| 18         |        |                          |                   |                 |                |                  |            |                      | 18       |
| 19         |        |                          |                   |                 |                |                  |            |                      | 19       |
| 20         |        |                          |                   |                 |                |                  |            |                      | 20       |
| 21         |        |                          |                   |                 |                |                  |            |                      | 21       |
| 22         |        |                          |                   |                 |                |                  |            |                      | 22       |
| 23         |        |                          |                   |                 |                |                  |            |                      | 23       |
| 24         |        |                          |                   |                 |                |                  |            |                      | 24       |
| 25         | TOTALS |                          |                   |                 |                | \$ 242,541       | \$ 163,800 |                      | \$ 8,668 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization CAREPATH HEALTH NETWORK  
 Street Address 6633 N LINCOLN AVENUE  
 City / State / Zip Code LINCOLNWOOD, IL 60712  
 Phone Number ( 888) 707-6700  
 Fax Number ( 847) 679-2150

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1          | 2      | 3                        | 4              | 5               | 6              | 7                | 8          | 9                    |           |    |
|------------|--------|--------------------------|----------------|-----------------|----------------|------------------|------------|----------------------|-----------|----|
| Schedule V |        | Unit of Allocation       |                | Number of       | Total Indirect | Amount of Salary | Facility   | Allocation           |           |    |
| Line       | Item   | (i.e.,Days, Direct Cost, | Total Units    | Subunits Being  | Cost Being     | Cost Contained   | Units      | (col.8/col.4)x col.6 |           |    |
| Reference  |        | Square Feet)             |                | Allocated Among | Allocated      | in Column 6      |            |                      |           |    |
| 1          | 17     | ADMINISTRATIVE           | CARE PATH FEES | 608,174         | 14             | \$ 274,940       | \$ 273,771 | 46,765               | \$ 21,141 | 1  |
| 2          | 19     | PROFESSIONAL FEES        | CARE PATH FEES | 608,174         | 14             | 6,646            |            | 46,765               | 511       | 2  |
| 3          | 20     | FEES, SUBSCRIPTIONS      | CARE PATH FEES | 608,174         | 14             | 11,535           |            | 46,765               | 887       | 3  |
| 4          | 21     | CLERICAL AND GENERAL     | CARE PATH FEES | 608,174         | 14             | 81,974           | 63,989     | 46,765               | 6,303     | 4  |
| 5          | 24     | SEMINARS                 | CARE PATH FEES | 608,174         | 14             | 449              |            | 46,765               | 35        | 5  |
| 6          | 27     | GEN ADMIN.- EMP. BEN.    | CARE PATH FEES | 608,174         | 14             | 47,810           |            | 46,765               | 3,676     | 6  |
| 7          |        |                          |                |                 |                |                  |            |                      |           | 7  |
| 8          |        |                          |                |                 |                |                  |            |                      |           | 8  |
| 9          |        |                          |                |                 |                |                  |            |                      |           | 9  |
| 10         |        |                          |                |                 |                |                  |            |                      |           | 10 |
| 11         |        |                          |                |                 |                |                  |            |                      |           | 11 |
| 12         |        |                          |                |                 |                |                  |            |                      |           | 12 |
| 13         |        |                          |                |                 |                |                  |            |                      |           | 13 |
| 14         |        |                          |                |                 |                |                  |            |                      |           | 14 |
| 15         |        |                          |                |                 |                |                  |            |                      |           | 15 |
| 16         |        |                          |                |                 |                |                  |            |                      |           | 16 |
| 17         |        |                          |                |                 |                |                  |            |                      |           | 17 |
| 18         |        |                          |                |                 |                |                  |            |                      |           | 18 |
| 19         |        |                          |                |                 |                |                  |            |                      |           | 19 |
| 20         |        |                          |                |                 |                |                  |            |                      |           | 20 |
| 21         |        |                          |                |                 |                |                  |            |                      |           | 21 |
| 22         |        |                          |                |                 |                |                  |            |                      |           | 22 |
| 23         |        |                          |                |                 |                |                  |            |                      |           | 23 |
| 24         |        |                          |                |                 |                |                  |            |                      |           | 24 |
| 25         | TOTALS |                          |                |                 |                | \$ 423,354       | \$ 337,760 |                      | \$ 32,553 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization NUCARE SERVICES CORP.Street Address 6677 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 847) 933-2600Fax Number ( 847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1                               | 2      | 3  | 4                  | 5  | 6   | 7   | 8                 | 9                                  |            |        |    |
|---------------------------------|--------|--|--------------------|--|---|---|-------------------|------------------------------------|------------|--------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units        | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |            |        |    |
| 1                               | 5      | UTILITIES  | AVAIL. CENSUS DAYS | 634,333  | 8   | \$ 6,475  | \$ 57,096         | \$ 583                             | 1          |        |    |
| 2                               | 6      | REPAIRS AND MAINT.   | AVAIL. CENSUS DAYS | 634,333  | 8   | 10,636  | (714)             | 57,096                             | 957        | 2      |    |
| 3                               | 7      | EMPLOYEE BEN. GEN. SERV.                                       | AVAIL. CENSUS DAYS | 634,333  | 8   | (156)   | 57,096            | (14)                               | 57,096     | 3      |    |
| 4                               | 10     | NURSING ADMIN. COMP.   | AVAIL. CENSUS DAYS | 634,333  | 8   | 7,912   | 6,671             | 57,096                             | 712        | 4      |    |
| 5                               | 14     | PROGRAM TRANSPORTATION   | AVAIL. CENSUS DAYS | 634,333  | 8   | 14,386  | 57,096            | 1,295                              | 57,096     | 5      |    |
| 6                               | 15     | HEALTHCARE BENEFITS  | AVAIL. CENSUS DAYS | 634,333  | 8   | 1,462   | 57,096            | 132                                | 57,096     | 6      |    |
| 7                               | 19     | PROFESSIONAL FEES  | AVAIL. CENSUS DAYS | 634,333  | 8   | 15,970  | 57,096            | 1,437                              | 57,096     | 7      |    |
| 8                               | 20     | FEES SUBSCRIPTIONS   | AVAIL. CENSUS DAYS | 634,333  | 8   | 22,883  | 57,096            | 2,060                              | 57,096     | 8      |    |
| 9                               | 21     | CLERICAL & GENERAL   | AVAIL. CENSUS DAYS | 634,333  | 8   | 1,091,620   | 894,249           | 57,096                             | 98,256     | 9      |    |
| 10                              | 24     | SEMINARS AND EDUCATION   | AVAIL. CENSUS DAYS | 634,333  | 8   | 7,875   | 57,096            | 709                                | 57,096     | 10     |    |
| 11                              | 25     | ADMIN. STAFF TRAVEL  | AVAIL. CENSUS DAYS | 634,333  | 8   | 3,960   | 57,096            | 356                                | 57,096     | 11     |    |
| 12                              | 26     | INSURANCE  | AVAIL. CENSUS DAYS | 634,333  | 8   | 1,958   | 57,096            | 176                                | 57,096     | 12     |    |
| 13                              | 27     | EMPLOYEE BEN. GEN. ADMIN                                       | AVAIL. CENSUS DAYS | 634,333  | 8   | 159,629   | 57,096            | 14,368                             | 57,096     | 13     |    |
| 14                              | 30     | DEPRECIATION   | AVAIL. CENSUS DAYS | 634,333  | 8   | 40,461  | 57,096            | 3,642                              | 57,096     | 14     |    |
| 15                              | 32     | INTEREST EXPENSE   | AVAIL. CENSUS DAYS | 634,333  | 8   | (18,956)  | 57,096            | (1,706)                            | 57,096     | 15     |    |
| 16                              | 34     | BUILDING RENT  | AVAIL. CENSUS DAYS | 634,333  | 8   | 76,619  | 57,096            | 6,896                              | 57,096     | 16     |    |
| 17                              | 35     | EQUIPMENT RENTAL   | AVAIL. CENSUS DAYS | 634,333  | 8   | 49,932  | 57,096            | 4,494                              | 57,096     | 17     |    |
| 18                              | 39     | ANCILLARY  | AVAIL. CENSUS DAYS | 634,333  | 8   | 253   | 208               | 57,096                             | 23         | 57,096 | 18 |
| 19                              |        |  |                    |  |   |   |                   |                                    |            | 19     |    |
| 20                              |        |  |                    |  |   |   |                   |                                    |            | 20     |    |
| 21                              |        |  |                    |  |   |   |                   |                                    |            | 21     |    |
| 22                              |        |  |                    |  |   |   |                   |                                    |            | 22     |    |
| 23                              |        |  |                    |  |   |   |                   |                                    |            | 23     |    |
| 24                              |        |  |                    |  |   |   |                   |                                    |            | 24     |    |
| 25                              | TOTALS |  |                    |  |   | \$ 1,492,919                                      | \$ 900,414        |                                    | \$ 134,376 | 25     |    |



Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization NUCARE SERVICES CORP.Street Address 6677 N LINCOLN AVENUECity / State / Zip Code LINCOLNWOOD, IL 60712Phone Number ( 847) 933-2600Fax Number ( 847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1                               | 2      | 3  | 4                 | 5  | 6   | 7   | 8                 | 9                                  |           |    |
|---------------------------------|--------|--|-------------------|--|---|---|-------------------|------------------------------------|-----------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units       | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |           |    |
| 1                               | 17     | ADMIN. - R. HARTMAN  | AVG. HOURS WORKED | 37   | 8   | 720,633   | 720,000           | 3                                  | 61,121    | 1  |
| 2                               | 17     | ADMIN. - B. CARR   | AVG. HOURS WORKED | 40   | 8   | 154,447   | 151,667           | 3                                  | 13,128    | 2  |
| 3                               | 17     | ADMIN. - D. HARTMAN  | AVG. HOURS WORKED | 12   | 8   | 12,200  | 12,000            | 0                                  | 417       | 3  |
| 4                               | 17     | ADMIN. - E. DICKMAN  | AVG. HOURS WORKED | 35   | 1   | 3,500   | 3,500             |                                    |           | 4  |
| 5                               | 27     | EMP. BEN. - R. HARTMAN   | AVG. HOURS WORKED | 37   | 8   | 15,274  |                   | 3                                  | 1,296     | 5  |
| 6                               | 27     | EMP. BEN. - B. CARR  | AVG. HOURS WORKED | 40   | 8   | 7,034   |                   | 3                                  | 598       | 6  |
| 7                               | 27     | EMP. BEN. - D. HARTMAN   | AVG. HOURS WORKED | 12   | 8   | 1,028   |                   | 0                                  | 35        | 7  |
| 8                               | 27     | EMP. BEN. - E. DICKMAN   | AVG. HOURS WORKED | 35   | 1   | 317   |                   |                                    |           | 8  |
| 9                               |        |  |                   |  |   |   |                   |                                    |           | 9  |
| 10                              |        |  |                   |  |   |   |                   |                                    |           | 10 |
| 11                              |        |  |                   |  |   |   |                   |                                    |           | 11 |
| 12                              |        |  |                   |  |   |   |                   |                                    |           | 12 |
| 13                              |        |  |                   |  |   |   |                   |                                    |           | 13 |
| 14                              |        |  |                   |  |   |   |                   |                                    |           | 14 |
| 15                              |        |  |                   |  |   |   |                   |                                    |           | 15 |
| 16                              |        |  |                   |  |   |   |                   |                                    |           | 16 |
| 17                              |        |  |                   |  |   |   |                   |                                    |           | 17 |
| 18                              |        |  |                   |  |   |   |                   |                                    |           | 18 |
| 19                              |        |  |                   |  |   |   |                   |                                    |           | 19 |
| 20                              |        |  |                   |  |   |   |                   |                                    |           | 20 |
| 21                              |        |  |                   |  |   |   |                   |                                    |           | 21 |
| 22                              |        |  |                   |  |   |   |                   |                                    |           | 22 |
| 23                              |        |  |                   |  |   |   |                   |                                    |           | 23 |
| 24                              |        |  |                   |  |   |   |                   |                                    |           | 24 |
| 25                              | TOTALS |  |                   |  |   | \$ 914,433  | \$ 887,167        |                                    | \$ 76,595 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Hillside Assisted Living CenterStreet Address 6677 N. Lincoln AvenueCity / State / Zip Code Lincolnwood, IL 60712Phone Number ( 847) 933-2600Fax Number ( 847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1          | 2      | 3                                     | 4                   | 5               | 6              | 7                | 8        | 9                    |    |
|------------|--------|---------------------------------------|---------------------|-----------------|----------------|------------------|----------|----------------------|----|
| Schedule V |        | Unit of Allocation                    |                     | Number of       | Total Indirect | Amount of Salary | Facility | Allocation           |    |
| Line       | Item   | (i.e.,Days, Direct Cost, Square Feet) | Total Units         | Subunits Being  | Cost Being     | Cost Contained   | Units    | (col.8/col.4)x col.6 |    |
| Reference  |        |                                       |                     | Allocated Among | Allocated      | in Column 6      |          |                      |    |
| 1          | 1      | Dietary                               | Facility Allocation | 2               | \$ 45,354      | \$               | 8,243    | \$ 45,354            | 1  |
| 2          | 2      | Food                                  | Facility Allocation | 2               | 281,286        |                  | 24,729   | 37,241               | 2  |
| 3          | 3      | Housekeeping                          | Facility Allocation | 2               | 277,387        | 243,571          | 8,243    | 19,114               | 3  |
| 4          | 5      | Utilities                             | Facility Allocation | 2               | 152,040        |                  | 8,243    | 14,565               | 4  |
| 5          | 6      | Maintenance                           | Facility Allocation | 2               | 125,592        | 42,412           | 8,243    | 12,031               | 5  |
| 6          | 21     | Office                                | Facility Allocation | 2               | 672,650        | 437,584          | 8,243    | 59,089               | 6  |
| 7          |        |                                       |                     |                 |                |                  |          |                      | 7  |
| 8          |        |                                       |                     |                 |                |                  |          |                      | 8  |
| 9          |        |                                       |                     |                 |                |                  |          |                      | 9  |
| 10         |        |                                       |                     |                 |                |                  |          |                      | 10 |
| 11         |        |                                       |                     |                 |                |                  |          |                      | 11 |
| 12         |        |                                       |                     |                 |                |                  |          |                      | 12 |
| 13         |        |                                       |                     |                 |                |                  |          |                      | 13 |
| 14         |        |                                       |                     |                 |                |                  |          |                      | 14 |
| 15         |        |                                       |                     |                 |                |                  |          |                      | 15 |
| 16         |        |                                       |                     |                 |                |                  |          |                      | 16 |
| 17         |        |                                       |                     |                 |                |                  |          |                      | 17 |
| 18         |        |                                       |                     |                 |                |                  |          |                      | 18 |
| 19         |        |                                       |                     |                 |                |                  |          |                      | 19 |
| 20         |        |                                       |                     |                 |                |                  |          |                      | 20 |
| 21         |        |                                       |                     |                 |                |                  |          |                      | 21 |
| 22         |        |                                       |                     |                 |                |                  |          |                      | 22 |
| 23         |        |                                       |                     |                 |                |                  |          |                      | 23 |
| 24         |        |                                       |                     |                 |                |                  |          |                      | 24 |
| 25         | TOTALS |                                       |                     |                 | \$ 1,554,309   | \$ 723,567       |          | \$ 187,394           | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization

Diamond Insurance

Street Address

40 Skokie Blvd.

City / State / Zip Code

Northbrook, IL 60062

Phone Number

( 847) 559-1002

Fax Number

(

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1<br>Schedule V<br>Line<br>Reference | 2<br>Item | 3<br>Unit of Allocation<br>(i.e., Days, Direct Cost,<br>Square Feet) | 4<br>Total Units  | 5<br>Number of<br>Subunits Being<br>Allocated Among | 6<br>Total Indirect<br>Cost Being<br>Allocated | 7<br>Amount of Salary<br>Cost Contained<br>in Column 6 | 8<br>Facility<br>Units | 9<br>Allocation<br>(col.8/col.4)x col.6 |    |
|--------------------------------------|-----------|--|-------------------|---|--|--|------------------------|---|----|
| 1                                    | 22        | Workers Compensation   | Direct Allocation |   | \$   | \$   |                        | \$ 71,356                               | 1  |
| 2                                    |           |  |                   |   |  |  |                        |   | 2  |
| 3                                    |           |  |                   |   |  |  |                        |   | 3  |
| 4                                    |           |  |                   |   |  |  |                        |   | 4  |
| 5                                    |           |  |                   |   |  |  |                        |   | 5  |
| 6                                    |           |  |                   |   |  |  |                        |   | 6  |
| 7                                    |           |  |                   |   |  |  |                        |   | 7  |
| 8                                    |           |  |                   |   |  |  |                        |   | 8  |
| 9                                    |           |  |                   |   |  |  |                        |   | 9  |
| 10                                   |           |  |                   |   |  |  |                        |   | 10 |
| 11                                   |           |  |                   |   |  |  |                        |   | 11 |
| 12                                   |           |  |                   |   |  |  |                        |   | 12 |
| 13                                   |           |  |                   |   |  |  |                        |   | 13 |
| 14                                   |           |  |                   |   |  |  |                        |   | 14 |
| 15                                   |           |  |                   |   |  |  |                        |   | 15 |
| 16                                   |           |  |                   |   |  |  |                        |   | 16 |
| 17                                   |           |  |                   |   |  |  |                        |   | 17 |
| 18                                   |           |  |                   |   |  |  |                        |   | 18 |
| 19                                   |           |  |                   |   |  |  |                        |   | 19 |
| 20                                   |           |  |                   |   |  |  |                        |   | 20 |
| 21                                   |           |  |                   |   |  |  |                        |   | 21 |
| 22                                   |           |  |                   |   |  |  |                        |   | 22 |
| 23                                   |           |  |                   |   |  |  |                        |   | 23 |
| 24                                   |           |  |                   |   |  |  |                        |   | 24 |
| 25                                   | TOTALS    |  |                   |   | \$   | \$   |                        | \$ 71,356                               | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

| 1                               | 2      | 3   | 4           | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|---|-------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e., Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               |        |   |             |  | \$  | \$  |                   | \$                                 | 1  |
| 2                               |        |   |             |  |   |   |                   |                                    | 2  |
| 3                               |        |   |             |  |   |   |                   |                                    | 3  |
| 4                               |        |   |             |  |   |   |                   |                                    | 4  |
| 5                               |        |   |             |  |   |   |                   |                                    | 5  |
| 6                               |        |   |             |  |   |   |                   |                                    | 6  |
| 7                               |        |   |             |  |   |   |                   |                                    | 7  |
| 8                               |        |   |             |  |   |   |                   |                                    | 8  |
| 9                               |        |   |             |  |   |   |                   |                                    | 9  |
| 10                              |        |   |             |  |   |   |                   |                                    | 10 |
| 11                              |        |   |             |  |   |   |                   |                                    | 11 |
| 12                              |        |   |             |  |   |   |                   |                                    | 12 |
| 13                              |        |   |             |  |   |   |                   |                                    | 13 |
| 14                              |        |   |             |  |   |   |                   |                                    | 14 |
| 15                              |        |   |             |  |   |   |                   |                                    | 15 |
| 16                              |        |   |             |  |   |   |                   |                                    | 16 |
| 17                              |        |   |             |  |   |   |                   |                                    | 17 |
| 18                              |        |   |             |  |   |   |                   |                                    | 18 |
| 19                              |        |   |             |  |   |   |                   |                                    | 19 |
| 20                              |        |   |             |  |   |   |                   |                                    | 20 |
| 21                              |        |   |             |  |   |   |                   |                                    | 21 |
| 22                              |        |   |             |  |   |   |                   |                                    | 22 |
| 23                              |        |   |             |  |   |   |                   |                                    | 23 |
| 24                              |        |   |             |  |   |   |                   |                                    | 24 |
| 25                              | TOTALS |   |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

| 1                               | 2      | 3   | 4           | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|---|-------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e., Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               |        |   |             |  | \$  | \$  |                   | \$                                 | 1  |
| 2                               |        |   |             |  |   |   |                   |                                    | 2  |
| 3                               |        |   |             |  |   |   |                   |                                    | 3  |
| 4                               |        |   |             |  |   |   |                   |                                    | 4  |
| 5                               |        |   |             |  |   |   |                   |                                    | 5  |
| 6                               |        |   |             |  |   |   |                   |                                    | 6  |
| 7                               |        |   |             |  |   |   |                   |                                    | 7  |
| 8                               |        |   |             |  |   |   |                   |                                    | 8  |
| 9                               |        |   |             |  |   |   |                   |                                    | 9  |
| 10                              |        |   |             |  |   |   |                   |                                    | 10 |
| 11                              |        |   |             |  |   |   |                   |                                    | 11 |
| 12                              |        |   |             |  |   |   |                   |                                    | 12 |
| 13                              |        |   |             |  |   |   |                   |                                    | 13 |
| 14                              |        |   |             |  |   |   |                   |                                    | 14 |
| 15                              |        |   |             |  |   |   |                   |                                    | 15 |
| 16                              |        |   |             |  |   |   |                   |                                    | 16 |
| 17                              |        |   |             |  |   |   |                   |                                    | 17 |
| 18                              |        |   |             |  |   |   |                   |                                    | 18 |
| 19                              |        |   |             |  |   |   |                   |                                    | 19 |
| 20                              |        |   |             |  |   |   |                   |                                    | 20 |
| 21                              |        |   |             |  |   |   |                   |                                    | 21 |
| 22                              |        |   |             |  |   |   |                   |                                    | 22 |
| 23                              |        |   |             |  |   |   |                   |                                    | 23 |
| 24                              |        |   |             |  |   |   |                   |                                    | 24 |
| 25                              | TOTALS |   |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00Ending: 12/31/00

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization \_\_\_\_\_

Street Address \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

| 1                               | 2      | 3   | 4           | 5  | 6   | 7   | 8                 | 9                                  |    |
|---------------------------------|--------|---|-------------|--|---|---|-------------------|------------------------------------|----|
| Schedule V<br>Line<br>Reference | Item   | Unit of Allocation<br>(i.e., Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1                               |        |   |             |  | \$  | \$  |                   | \$                                 | 1  |
| 2                               |        |   |             |  |   |   |                   |                                    | 2  |
| 3                               |        |   |             |  |   |   |                   |                                    | 3  |
| 4                               |        |   |             |  |   |   |                   |                                    | 4  |
| 5                               |        |   |             |  |   |   |                   |                                    | 5  |
| 6                               |        |   |             |  |   |   |                   |                                    | 6  |
| 7                               |        |   |             |  |   |   |                   |                                    | 7  |
| 8                               |        |   |             |  |   |   |                   |                                    | 8  |
| 9                               |        |   |             |  |   |   |                   |                                    | 9  |
| 10                              |        |   |             |  |   |   |                   |                                    | 10 |
| 11                              |        |   |             |  |   |   |                   |                                    | 11 |
| 12                              |        |   |             |  |   |   |                   |                                    | 12 |
| 13                              |        |   |             |  |   |   |                   |                                    | 13 |
| 14                              |        |   |             |  |   |   |                   |                                    | 14 |
| 15                              |        |   |             |  |   |   |                   |                                    | 15 |
| 16                              |        |   |             |  |   |   |                   |                                    | 16 |
| 17                              |        |   |             |  |   |   |                   |                                    | 17 |
| 18                              |        |   |             |  |   |   |                   |                                    | 18 |
| 19                              |        |   |             |  |   |   |                   |                                    | 19 |
| 20                              |        |   |             |  |   |   |                   |                                    | 20 |
| 21                              |        |   |             |  |   |   |                   |                                    | 21 |
| 22                              |        |   |             |  |   |   |                   |                                    | 22 |
| 23                              |        |   |             |  |   |   |                   |                                    | 23 |
| 24                              |        |   |             |  |   |   |                   |                                    | 24 |
| 25                              | TOTALS |   |             |  | \$  | \$  |                   | \$                                 | 25 |

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

| 1  |                              | 2         |    | 3               | 4                        | 5            | 6              |           | 7             | 8                        | 9                                 | 10      |    |
|----|------------------------------|-----------|----|-----------------|--------------------------|--------------|----------------|-----------|---------------|--------------------------|-----------------------------------|---------|----|
|    | Name of Lender               | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |           | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |         |    |
|    |                              | YES       | NO |                 |                          |              | Original       | Balance   |               |                          |                                   |         |    |
|    | A. Directly Facility Related |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
|    | Long-Term                    |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 1  | Cole Taylor Bank             |           | X  | Mortgage        |                          |              | \$             | 6,094,483 |               |                          | \$                                | 468,972 | 1  |
| 2  | American National Bank       |           | X  | Line of Credit  |                          |              |                | 2,594,508 |               |                          |                                   | 177,797 | 2  |
| 3  | MBNA America                 |           | X  | Satellite       |                          |              |                | 17,343    |               |                          |                                   | 890     | 3  |
| 4  |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 4  |
| 5  |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 5  |
|    | Working Capital              |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 6  |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 6  |
| 7  |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 7  |
| 8  |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 8  |
| 9  | TOTAL Facility Related       |           |    |                 |                          |              | \$             | 8,706,334 |               |                          | \$                                | 647,659 | 9  |
|    | B. Non-Facility Related*     |           |    |                 |                          |              |                |           |               |                          |                                   |         |    |
| 10 | Supplemental Schedule        |           |    |                 |                          |              |                |           |               |                          |                                   |         | 10 |
| 11 | Interest Income              |           |    |                 |                          |              |                |           |               |                          |                                   | (2,088) | 11 |
| 12 | Allocated from Nucare        |           |    |                 |                          |              |                |           |               |                          |                                   | (1,706) | 12 |
| 13 |                              |           |    |                 |                          |              |                |           |               |                          |                                   |         | 13 |
| 14 | TOTAL Non-Facility Related   |           |    |                 |                          |              | \$             |           |               |                          | \$                                | (3,794) | 14 |
| 15 | TOTALS (line 9+line14)       |           |    |                 |                          |              | \$             | 8,706,334 |               |                          | \$                                | 643,865 | 15 |

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE****A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

| 1  |                | 2         |    | 3               | 4                        | 5            | 6              | 7       | 8             | 9                        | 10                                |
|----|----------------|-----------|----|-----------------|--------------------------|--------------|----------------|---------|---------------|--------------------------|-----------------------------------|
|    | Name of Lender | Related** |    | Purpose of Loan | Monthly Payment Required | Date of Note | Amount of Note |         | Maturity Date | Interest Rate (4 Digits) | Reporting Period Interest Expense |
|    |                | YES       | NO |                 |                          |              | Original       | Balance |               |                          |                                   |
| 1  |                |           |    |                 |                          |              | \$             | \$      |               |                          | \$                                |
| 2  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 3  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 4  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 5  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 6  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 7  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 8  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 9  |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 10 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 11 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 12 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 13 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 14 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 15 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 16 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 17 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 18 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 19 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 20 |                |           |    |                 |                          |              |                |         |               |                          |                                   |
| 21 |                |           |    |                 |                          |              | \$             | \$      |               |                          | \$                                |



Facility Name & ID Number **THE RENAISSANCE AT HILLSIDE, INC.**# **0042176**

Report Period Beginning:

**01/01/00**

Ending:

**12/31/00****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

|  |    |                 |   |
|--|----|-----------------|---|
| 1. Real Estate Tax accrual used on 1999 report.  | \$ | <b>277,603</b>  | 1 |
| 2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)  | \$ | <b>246,266</b>  | 2 |
| 3. Under or (over) accrual (line 2 minus line 1).  | \$ | <b>(31,337)</b> | 3 |
| 4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)   | \$ | <b>383,645</b>  | 4 |
| 5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C.<br><b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>                               | \$ | <b>10,000</b>   | 5 |
| 6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund.<br><b>TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b> | \$ |                 | 6 |
| 7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6   | \$ | <b>362,308</b>  | 7 |

Real Estate Tax History:

|   |      |                |    |
|---|------|----------------|----|
| Real Estate Tax Bill for Calendar Year: | 1995 |                | 8  |
|   | 1996 |                | 9  |
|   | 1997 | <b>78,610</b>  | 10 |
|   | 1998 | <b>313,908</b> | 11 |
|   | 1999 | <b>365,376</b> | 12 |

**Real Estate Tax Accrual = 365,376 X 1.05% = 383,645**

**\$137,379 of Real Estate tax expense was paid by the Hillside Assited Living and the Montessori Day Care Center.**

|    |                                      |    |
|----|--------------------------------------|----|
|    | <b>FOR OHF USE ONLY</b>              |    |
| 13 | FROM R. E. TAX STATEMENT FOR 1999 \$ | 13 |
| 14 | PLUS APPEAL COST FROM LINE 5 \$      | 14 |
| 15 | LESS REFUND FROM LINE 6 \$           | 15 |
| 16 | AMOUNT TO USE FOR RATE CALCULATION\$ | 16 |

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 50,306 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? ☐ (a) Own the Facility ☒ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☒ (b) Rent equipment from a Related Organization. ☒ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Hillside Assisted Living Center, Ltd. Assisted Living Center 27,945 Square Feet - Combined for Assisted Living and Child Day Care

Hillside Montessori School Child Day Care

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☒ YES ☐ NO  
If so, please complete the following:

1. Total Amount Incurred: 124,111 2. Number of Years Over Which it is Being Amortized: 10

3. Current Period Amortization: 21,140 4. Dates Incurred: 1/1/97 - 6/30/97

Nature of Costs: Loan Costs of Hillside Limited Partnership - \$21,140

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

|   | 1<br>Use        | 2<br>Square Feet | 3<br>Year Acquired | 4<br>Cost         |   |
|---|-----------------|------------------|--------------------|-------------------|---|
| 1 | <u>Facility</u> | <u>87,678</u>    | <u>1995</u>        | <u>\$ 586,500</u> | 1 |
| 2 |                 |                  |                    |                   | 2 |
| 3 | <b>TOTALS</b>   | <b>87,678</b>    |                    | <b>\$ 586,500</b> | 3 |

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1<br>Beds*              | FOR OHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost    | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------------|-----------------------|--------------------------|--------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                         |                  |                       | 1997                     | \$ 6,595,748 | \$ 259,317                        | 35                    | \$ 188,450                         | \$ (70,867)      | \$ 760,867                       | 4  |
| 5  |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 8  |
|    | Improvement Type**      |                  |                       |                          |              |                                   |                       |                                    |                  |                                  |    |
| 9  | MAPLE TREES             |                  |                       | 1997                     | 2,958        | 228                               | 20                    | 148                                | (80)             | 518                              | 9  |
| 10 | AWNING                  |                  |                       | 1997                     | 10,370       | 266                               | 20                    | 519                                | 253              | 1,817                            | 10 |
| 11 | ROOF TOP DRAWINGS       |                  |                       | 1997                     | 500          | 13                                | 20                    | 25                                 | 12               | 88                               | 11 |
| 12 | NELSON CASTILLO-LABO    |                  |                       | 1997                     | 83           | 2                                 | 20                    | 4                                  | 2                | 14                               | 12 |
| 13 | NELSON CASTILLO-LABO    |                  |                       | 1997                     | 166          | 4                                 | 20                    | 8                                  | 4                | 28                               | 13 |
| 14 | NELSON CASTILLO-LABO    |                  |                       | 1997                     | 208          | 5                                 | 20                    | 10                                 | 5                | 35                               | 14 |
| 15 | CURTIS FLETCHER-LABO    |                  |                       | 1997                     | 641          | 16                                | 20                    | 32                                 | 16               | 112                              | 15 |
| 16 | WIRING FOR WHIRLPOOL    |                  |                       | 1997                     | 7,508        | 193                               | 20                    | 375                                | 182              | 1,250                            | 16 |
| 17 | ELECTRIC STRIKE-DOOR    |                  |                       | 1997                     | 925          | 24                                | 20                    | 46                                 | 22               | 161                              | 17 |
| 18 | LEGAL FEES              |                  |                       | 1997                     | 305          | 8                                 | 20                    | 15                                 | 7                | 53                               | 18 |
| 19 | MASTER SPRINKLER        |                  |                       | 1997                     | 5,380        | 414                               | 20                    | 269                                | (145)            | 942                              | 19 |
| 20 | GLASS                   |                  |                       | 1997                     | 345          | 9                                 | 20                    | 17                                 | 8                | 60                               | 20 |
| 21 | DATA CABLE SERVICE      |                  |                       | 1997                     | 60,372       | 1,548                             | 20                    | 3,019                              | 1,471            | 10,567                           | 21 |
| 22 | PAVING BLOCKS           |                  |                       | 1997                     | 2,850        | 73                                | 20                    | 143                                | 70               | 501                              | 22 |
| 23 | NURSING STATIONS        |                  |                       | 1997                     | 27,000       | 692                               | 20                    | 1,350                              | 658              | 4,725                            | 23 |
| 24 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 24 |
| 25 | PAGE 12-1 REP TOTALS    |                  |                       |                          | 1,905        | 140                               |                       | 78                                 | (62)             | 162                              | 25 |
| 26 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 26 |
| 27 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 27 |
| 28 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                         |                  |                       |                          |              |                                   |                       |                                    |                  |                                  | 31 |
| 32 | PAGE 12D TOTALS         |                  |                       |                          | 1,588        | 35                                |                       | 74                                 | 39               | 74                               | 32 |
| 33 | PAGE 12C TOTALS         |                  |                       |                          | 75,667       | 1,239                             |                       | 2,502                              | 1,263            | 3,379                            | 33 |
| 34 | PAGE 12B TOTALS         |                  |                       |                          | 66,147       | 1,839                             |                       | 3,308                              | 1,469            | 7,929                            | 34 |
| 35 | PAGE 12A TOTALS         |                  |                       |                          | 231,824      | 6,026                             |                       | 11,592                             | 5,566            | 40,000                           | 35 |
| 36 | TOTAL (lines 4 thru 35) |                  |                       |                          | \$ 7,092,490 | \$ 272,091                        |                       | \$ 211,984                         | \$ (60,107)      | \$ 833,282                       | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1<br>Beds*         | FOR OHF USE ONLY        | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost  | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|--------------------|-------------------------|-----------------------|--------------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                    |                         |                       |                          | \$         | \$                                |                       | \$                                 | \$               | \$                               | 4  |
| 5  |                    |                         |                       |                          |            |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                    |                         |                       |                          |            |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                    |                         |                       |                          |            |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                    |                         |                       |                          |            |                                   |                       |                                    |                  |                                  | 8  |
|    | Improvement Type** |                         |                       |                          |            |                                   |                       |                                    |                  |                                  |    |
| 9  |                    | KITCHEN COUNTER TOPS    |                       | 1997                     | 2,450      | 63                                | 20                    | 123                                | 60               | 431                              | 9  |
| 10 |                    | KITCHEN CABINETS        |                       | 1997                     | 11,500     | 295                               | 20                    | 575                                | 280              | 1,917                            | 10 |
| 11 |                    | DUPLEX RECEPICALS       |                       | 1997                     | 1,755      | 45                                | 20                    | 88                                 | 43               | 301                              | 11 |
| 12 |                    | ELECTRIC LINE ON ROO    |                       | 1997                     | 4,469      | 115                               | 20                    | 223                                | 108              | 762                              | 12 |
| 13 |                    | CURTIS FLETCHER-LABO    |                       | 1997                     | 186        | 5                                 | 20                    | 9                                  | 4                | 32                               | 13 |
| 14 |                    | FAY ESFORMIES           |                       | 1997                     | 5,000      | 128                               | 20                    | 250                                | 122              | 875                              | 14 |
| 15 |                    | LIGHTBOX SIGN-ROOF      |                       | 1997                     | 18,803     | 482                               | 20                    | 940                                | 458              | 3,212                            | 15 |
| 16 |                    | NEW WIRINGS             |                       | 1997                     | 2,640      | 68                                | 20                    | 132                                | 64               | 429                              | 16 |
| 17 |                    | SINK & WIRING           |                       | 1997                     | 2,855      | 73                                | 20                    | 143                                | 70               | 477                              | 17 |
| 18 |                    | 14 LIGHT FIX            |                       | 1997                     | 2,365      | 61                                | 20                    | 118                                | 57               | 384                              | 18 |
| 19 |                    | PT ROOM                 |                       | 1997                     | 365        | 9                                 | 20                    | 18                                 | 9                | 57                               | 19 |
| 20 |                    | ELECTRICAL PLUMBING     |                       | 1997                     | 745        | 19                                | 20                    | 37                                 | 18               | 114                              | 20 |
| 21 |                    | 2 FORMICA TOPS          |                       | 1997                     | 285        | 7                                 | 20                    | 14                                 | 7                | 43                               | 21 |
| 22 |                    | ALARM SYSTEM            |                       | 1997                     | 4,557      | 117                               | 20                    | 228                                | 111              | 703                              | 22 |
| 23 |                    | SURFACE MOUNT           |                       | 1997                     | 1,600      | 41                                | 20                    | 80                                 | 39               | 280                              | 23 |
| 24 |                    | LANDSCAPING             |                       | 1997                     | 5,940      | 457                               | 20                    | 297                                | (160)            | 1,015                            | 24 |
| 25 |                    | ALARM PERMIT            |                       | 1997                     | 50         | 1                                 | 20                    | 3                                  | 2                | 11                               | 25 |
| 26 |                    | ITEX VENTURE            |                       | 1997                     | 60,119     | 1,542                             | 20                    | 3,006                              | 1,464            | 10,521                           | 26 |
| 27 |                    | CAPITALIZE PAT FINNS    |                       | 1997                     | 55,541     | 1,424                             | 20                    | 2,777                              | 1,353            | 9,720                            | 27 |
| 28 |                    | FINN'S RECRUITMENT      |                       | 1997                     | 24,000     | 615                               | 20                    | 1,200                              | 585              | 4,200                            | 28 |
| 29 |                    | INSTALLATION OF CABL    |                       | 1997                     | 4,951      | 127                               | 20                    | 248                                | 121              | 868                              | 29 |
| 30 |                    | PAT FINN                |                       | 1997                     | 466        | 12                                | 20                    | 23                                 | 11               | 75                               | 30 |
| 31 |                    | FAST SIGNS              |                       | 1997                     | 3,295      | 84                                | 20                    | 165                                | 81               | 509                              | 31 |
| 32 |                    | FAST SIGNS              |                       | 1997                     | 4,174      | 107                               | 20                    | 209                                | 102              | 662                              | 32 |
| 33 |                    | PROF WINDOW CLEANING    |                       | 1997                     | 1,450      | 37                                | 20                    | 73                                 | 36               | 256                              | 33 |
| 34 |                    | FAST SIGN               |                       | 1997                     | 3,598      | 92                                | 20                    | 180                                | 88               | 630                              | 34 |
| 35 |                    | 97 PA AUDIT-CARPETS     |                       | 1997                     | 8,665      |                                   | 20                    | 433                                | 433              | 1,516                            | 35 |
| 36 |                    | TOTAL (lines 4 thru 35) |                       |                          | \$ 231,824 | \$ 6,026                          |                       | \$ 11,592                          | \$ 5,566         | \$ 40,000                        | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1<br>Beds*                     | FOR OHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|--------------------------------|------------------|-----------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                                |                  |                       |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 4  |
| 5  |                                |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                                |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                                |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                                |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
|    | <b>Improvement Type**</b>      |                  |                       |                          |           |                                   |                       |                                    |                  |                                  |    |
| 9  | MIRRORS                        |                  | 1997                  |                          | 1,493     | 38                                | 20                    | 75                                 | 37               | 263                              | 9  |
| 10 | DATA LINES                     |                  | 1997                  |                          | 5,882     | 151                               | 20                    | 294                                | 143              | 980                              | 10 |
| 11 | AMP INSTALLATION               |                  | 1998                  |                          | 1,822     | 47                                | 20                    | 91                                 | 44               | 250                              | 11 |
| 12 | LANDSCAPING                    |                  | 1998                  |                          | 5,079     | 130                               | 20                    | 254                                | 124              | 656                              | 12 |
| 13 | ROOF DISPLAY                   |                  | 1998                  |                          | 250       | 6                                 | 20                    | 13                                 | 7                | 36                               | 13 |
| 14 | CANOPY                         |                  | 1998                  |                          | 1,000     | 26                                | 20                    | 50                                 | 24               | 133                              | 14 |
| 15 | CABLE & FACE PLATES            |                  | 1998                  |                          | 1,404     | 36                                | 20                    | 70                                 | 34               | 181                              | 15 |
| 16 | BANNERS                        |                  | 1998                  |                          | 2,819     | 72                                | 20                    | 141                                | 69               | 364                              | 16 |
| 17 | WANDERGUARD                    |                  | 1998                  |                          | 7,383     | 189                               | 20                    | 369                                | 180              | 1,015                            | 17 |
| 18 | FENCE                          |                  | 1998                  |                          | 2,418     | 207                               | 20                    | 121                                | (86)             | 282                              | 18 |
| 19 | WALL & CORNER GUARDS           |                  | 1998                  |                          | 4,369     | 112                               | 20                    | 218                                | 106              | 454                              | 19 |
| 20 | SIGNS                          |                  | 1998                  |                          | 950       | 24                                | 20                    | 48                                 | 24               | 108                              | 20 |
| 21 | REWIRE CHILLER                 |                  | 1998                  |                          | 1,279     | 33                                | 20                    | 64                                 | 31               | 160                              | 21 |
| 22 | PAGING SYSTEM                  |                  | 1998                  |                          | 3,823     | 98                                | 20                    | 191                                | 93               | 446                              | 22 |
| 23 | LUNCH ROOM                     |                  | 1998                  |                          | 5,983     | 153                               | 20                    | 299                                | 146              | 772                              | 23 |
| 24 | FLAG POLE & FLAGS              |                  | 1998                  |                          | 1,762     | 45                                | 20                    | 88                                 | 43               | 235                              | 24 |
| 25 | LIGHT FIXTURE                  |                  | 1999                  |                          | 1,099     | 28                                | 20                    | 55                                 | 27               | 110                              | 25 |
| 26 | VINYL FLOOR                    |                  | 1999                  |                          | 990       | 25                                | 20                    | 50                                 | 25               | 83                               | 26 |
| 27 | OAK PHONE COVERS               |                  | 1999                  |                          |           |                                   | 20                    |                                    |                  |                                  | 27 |
| 28 | FENCE                          |                  | 1999                  |                          | 945       | 24                                | 20                    | 47                                 | 23               | 86                               | 28 |
| 29 | KITCHEN CIRCUITS               |                  | 1999                  |                          | 439       | 11                                | 20                    | 22                                 | 11               | 40                               | 29 |
| 30 | SECURITY CAMERA                |                  | 1999                  |                          | 1,175     | 30                                | 20                    | 59                                 | 29               | 108                              | 30 |
| 31 | SECURITY CAMERA                |                  | 1999                  |                          | 600       | 15                                | 20                    | 30                                 | 15               | 55                               | 31 |
| 32 | OFFICE JACKS                   |                  | 1999                  |                          | 605       | 16                                | 20                    | 30                                 | 14               | 38                               | 32 |
| 33 | LANDSCAPING CURB               |                  | 1999                  |                          | 10,500    | 269                               | 20                    | 525                                | 256              | 875                              | 33 |
| 34 | CARPET                         |                  | 1999                  |                          | 1,548     | 40                                | 20                    | 77                                 | 37               | 154                              | 34 |
| 35 | CARPET                         |                  | 1999                  |                          | 530       | 14                                | 20                    | 27                                 | 13               | 45                               | 35 |
| 36 | <b>TOTAL (lines 4 thru 35)</b> |                  |                       |                          | \$ 66,147 | \$ 1,839                          |                       | \$ 3,308                           | \$ 1,469         | \$ 7,929                         | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1<br>Beds*              | FOR OHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------------|-----------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                         |                  |                       |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 4  |
| 5  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
|    | Improvement Type**      |                  |                       |                          |           |                                   |                       |                                    |                  |                                  |    |
| 9  | ICE DISPENSER           |                  |                       | 1999                     |           |                                   | 20                    |                                    |                  |                                  | 9  |
| 10 | SIGN                    |                  |                       | 1999                     | 9,950     | 255                               | 20                    | 498                                | 243              | 955                              | 10 |
| 11 | AVONITE TOPS            |                  |                       | 1999                     | 390       | 10                                | 20                    | 20                                 | 10               | 38                               | 11 |
| 12 | PARKING LOT             |                  |                       | 1999                     | 1,075     | 28                                | 20                    | 54                                 | 26               | 68                               | 12 |
| 13 | CONDENSER FAN           |                  |                       | 1999                     | 809       | 21                                | 20                    | 40                                 | 19               | 57                               | 13 |
| 14 | OFFICE RECONSTRUCT      |                  |                       | 1999                     | 685       | 18                                | 20                    | 34                                 | 16               | 45                               | 14 |
| 15 | CHILLER SYSTEM          |                  |                       | 1999                     | 1,185     | 30                                | 20                    | 59                                 | 29               | 93                               | 15 |
| 16 | CHILLER SYSTEM          |                  |                       | 1999                     | 607       | 16                                | 20                    | 30                                 | 14               | 45                               | 16 |
| 17 | OFFICE RECONSTRUCT      |                  |                       | 1999                     | 9,895     | 254                               | 20                    | 495                                | 241              | 660                              | 17 |
| 18 | CHILLER SYSTEM          |                  |                       | 1999                     | 1,509     | 39                                | 20                    | 75                                 | 36               | 81                               | 18 |
| 19 | WALLGUARD               |                  |                       | 1999                     | 4,311     | 111                               | 20                    | 216                                | 105              | 306                              | 19 |
| 20 | SIGN                    |                  |                       | 1999                     | 2,173     | 56                                | 20                    | 109                                | 53               | 136                              | 20 |
| 21 | DIFFUSERS & EXHAUST     |                  |                       | 1999                     | 1,080     | 28                                | 20                    | 54                                 | 26               | 77                               | 21 |
| 22 | REMODEL 2 BTHRM         |                  |                       | 2000                     | 2,970     | 67                                | 20                    | 137                                | 70               | 137                              | 22 |
| 23 | SCREENS                 |                  |                       | 2000                     | 630       | 2                                 | 20                    | 5                                  | 3                | 5                                | 23 |
| 24 | FREEZER                 |                  |                       | 2000                     | 520       | 12                                | 20                    | 26                                 | 14               | 26                               | 24 |
| 25 | CANOPY COVER            |                  |                       | 2000                     | 4,600     | 103                               | 20                    | 211                                | 108              | 211                              | 25 |
| 26 | AMERICAN HEALTH CARE    |                  |                       | 2000                     | 488       | 12                                | 20                    | 24                                 | 12               | 24                               | 26 |
| 27 | INSTLTN OF LANDSCAPG    |                  |                       | 2000                     | 9,637     | 113                               | 20                    | 241                                | 128              | 241                              | 27 |
| 28 | WALLCOVERING            |                  |                       | 2000                     | 3,944     | 13                                | 20                    | 33                                 | 20               | 33                               | 28 |
| 29 | TILE                    |                  |                       | 2000                     | 2,267     | 12                                | 20                    | 28                                 | 16               | 28                               | 29 |
| 30 | POWER OUTLET TO KITC    |                  |                       | 2000                     | 435       | 1                                 | 20                    | 4                                  | 3                | 4                                | 30 |
| 31 | WINDOW SHADES           |                  |                       | 2000                     | 842       | 3                                 | 20                    | 7                                  | 4                | 7                                | 31 |
| 32 | LANDSCAPING             |                  |                       | 2000                     | 985       | 11                                | 20                    | 25                                 | 14               | 25                               | 32 |
| 33 | WALLCOVERING            |                  |                       | 2000                     | 5,590     | 6                                 | 20                    | 23                                 | 17               | 23                               | 33 |
| 34 | AWNING/WALL             |                  |                       | 2000                     | 5,100     | 5                                 | 20                    | 21                                 | 16               | 21                               | 34 |
| 35 | 2ND FL IMPROVEMENT      |                  |                       | 2000                     | 3,990     | 13                                | 20                    | 33                                 | 20               | 33                               | 35 |
| 36 | TOTAL (lines 4 thru 35) |                  |                       |                          | \$ 75,667 | \$ 1,239                          |                       | \$ 2,502                           | \$ 1,263         | \$ 3,379                         | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1<br>Beds*              | FOR OHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------------|-----------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                         |                  |                       |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 4  |
| 5  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
|    | Improvement Type**      |                  |                       |                          |           |                                   |                       |                                    |                  |                                  |    |
| 9  | REPAIR WALK-IN COOLR    |                  |                       | 2000                     | 915       | 22                                | 20                    | 46                                 | 24               | 46                               | 9  |
| 10 | ELECTRICAL PANEL        |                  |                       | 2000                     | 673       | 13                                | 20                    | 28                                 | 15               | 28                               | 10 |
| 11 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 11 |
| 12 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 12 |
| 13 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 13 |
| 14 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 15 |
| 16 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 16 |
| 17 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 17 |
| 18 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 18 |
| 19 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 19 |
| 20 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 20 |
| 21 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 21 |
| 22 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 22 |
| 23 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 23 |
| 24 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 24 |
| 25 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 25 |
| 26 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 26 |
| 27 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 27 |
| 28 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 31 |
| 32 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 34 |
| 35 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 35 |
| 36 | TOTAL (lines 4 thru 35) |                  |                       |                          | \$ 1,588  | \$ 35                             |                       | \$ 74                              | \$ 39            | \$ 74                            | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 10 |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 11 |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 12 |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 13 |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 14 |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 15 |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 16 |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 17 |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 18 |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 19 |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 20 |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 21 |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 22 |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 23 |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 24 |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 25 |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 26 |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 27 |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 28 |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 29 |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 30 |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 31 |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 32 |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 33 |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 34 |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 35 |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 10 |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 11 |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 12 |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 13 |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 14 |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 15 |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 16 |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 17 |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 18 |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 19 |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 20 |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 21 |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 22 |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 23 |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 24 |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 25 |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 26 |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 27 |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 28 |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 29 |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 30 |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 31 |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 32 |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 33 |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 34 |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 35 |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 10 |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 11 |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 12 |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 13 |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 14 |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 15 |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 16 |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 17 |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 18 |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 19 |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 20 |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 21 |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 22 |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 23 |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 24 |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 25 |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 26 |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 27 |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 28 |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 29 |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 30 |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 31 |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 32 |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 33 |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 34 |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 35 |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XI. OWNERSHIP COSTS (continued)

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

|    | 1<br>Beds*              | FOR OHF USE ONLY | 2<br>Year<br>Acquired | 3<br>Year<br>Constructed | 4<br>Cost | 5<br>Current Book<br>Depreciation | 6<br>Life<br>in Years | 7<br>Straight Line<br>Depreciation | 8<br>Adjustments | 9<br>Accumulated<br>Depreciation |    |
|----|-------------------------|------------------|-----------------------|--------------------------|-----------|-----------------------------------|-----------------------|------------------------------------|------------------|----------------------------------|----|
| 4  |                         |                  |                       |                          | \$        | \$                                |                       | \$                                 | \$               | \$                               | 4  |
| 5  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 5  |
| 6  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 6  |
| 7  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 7  |
| 8  |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 8  |
|    | Improvement Type**      |                  |                       |                          |           |                                   |                       |                                    |                  |                                  |    |
| 9  | Allocated from Nucare   |                  |                       | 1997                     | 414       | 11                                | 20                    | 21                                 | 10               | 67                               | 9  |
| 10 | Allocated from Nucare   |                  |                       | 1998                     | 363       | 9                                 | 20                    | 18                                 | 9                | 45                               | 10 |
| 11 | Allocated from Nucare   |                  |                       | 1999                     | 509       | 114                               | 20                    | 25                                 | (89)             | 36                               | 11 |
| 12 | Allocated from Nucare   |                  |                       | 2000                     | 619       | 6                                 | 20                    | 14                                 | 8                | 14                               | 12 |
| 13 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 13 |
| 14 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 14 |
| 15 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 15 |
| 16 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 16 |
| 17 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 17 |
| 18 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 18 |
| 19 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 19 |
| 20 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 20 |
| 21 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 21 |
| 22 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 22 |
| 23 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 23 |
| 24 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 24 |
| 25 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 25 |
| 26 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 26 |
| 27 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 27 |
| 28 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 28 |
| 29 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 29 |
| 30 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 30 |
| 31 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 31 |
| 32 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 32 |
| 33 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 33 |
| 34 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 34 |
| 35 |                         |                  |                       |                          |           |                                   |                       |                                    |                  |                                  | 35 |
| 36 | TOTAL (lines 4 thru 35) |                  |                       |                          | \$ 1,905  | \$ 140                            |                       | \$ 78                              | \$ (62)          | \$ 162                           | 36 |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC.# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

|    | 1                       | 2                | 3                | 4                   | 5    | 6                            | 7                | 8                             | 9           |                             |    |  |
|----|-------------------------|------------------|------------------|---------------------|------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|--|
|    | Beds*                   | FOR OHF USE ONLY | Year<br>Acquired | Year<br>Constructed | Cost | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |  |
| 4  |                         |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 4  |  |
| 5  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 5  |  |
| 6  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 6  |  |
| 7  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 7  |  |
| 8  |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 8  |  |
| 9  | Improvement Type**      |                  |                  |                     |      |                              |                  |                               |             |                             |    |  |
| 10 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 10 |  |
| 11 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 11 |  |
| 12 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 12 |  |
| 13 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 13 |  |
| 14 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 14 |  |
| 15 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 15 |  |
| 16 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 16 |  |
| 17 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 17 |  |
| 18 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 18 |  |
| 19 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 19 |  |
| 20 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 20 |  |
| 21 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 21 |  |
| 22 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 22 |  |
| 23 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 23 |  |
| 24 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 24 |  |
| 25 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 25 |  |
| 26 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 26 |  |
| 27 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 27 |  |
| 28 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 28 |  |
| 29 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 29 |  |
| 30 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 30 |  |
| 31 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 31 |  |
| 32 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 32 |  |
| 33 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 33 |  |
| 34 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 34 |  |
| 35 |                         |                  |                  |                     |      |                              |                  |                               |             |                             | 35 |  |
| 36 | TOTAL (lines 4 thru 35) |                  |                  |                     | \$   | \$                           |                  | \$                            | \$          | \$                          | 36 |  |

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC. # 0042176 Report Period Beginning: 01/01/00 Ending: 12/31/00

## XI. OWNERSHIP COSTS (continued)

## C. Equipment Depreciation-Excluding Transportation. (See instructions.)

|    | Category of Equipment    | 1<br>Cost  | Current Book Depreciation 2 | Straight Line Depreciation 3 | 4<br>Adjustments | Component Life 5 | Accumulated Depreciation 6 |    |
|----|--------------------------|------------|-----------------------------|------------------------------|------------------|------------------|----------------------------|----|
| 37 | Purchased in Prior Years | \$ 489,910 | \$ 84,367                   | \$ 50,480                    | \$ (33,887)      |                  | \$ 152,190                 | 37 |
| 38 | Current Year Purchases   | 67,922     | 13,485                      | 3,810                        | (9,675)          |                  | 3,810                      | 38 |
| 39 | Fully Depreciated Assets |            |                             |                              |                  |                  |                            | 39 |
| 40 |                          |            |                             |                              |                  |                  |                            | 40 |
| 41 | TOTALS                   | \$ 557,832 | \$ 97,852                   | \$ 54,290                    | \$ (43,562)      |                  | \$ 156,000                 | 41 |

## D. Vehicle Depreciation (See instructions.)\*

|    | 1<br>Use | Model, Make and Year 2 | Year Acquired 3 | 4<br>Cost | Current Book Depreciation 5 | Straight Line Depreciation 6 | 7<br>Adjustments | Life in Years 8 | Accumulated Depreciation 9 |    |
|----|----------|------------------------|-----------------|-----------|-----------------------------|------------------------------|------------------|-----------------|----------------------------|----|
| 42 |          |                        |                 | \$        | \$                          | \$                           | \$               |                 | \$                         | 42 |
| 43 |          |                        |                 |           |                             |                              |                  |                 |                            | 43 |
| 44 |          |                        |                 |           |                             |                              |                  |                 |                            | 44 |
| 45 |          |                        |                 |           |                             |                              |                  |                 |                            | 45 |
| 46 | TOTALS   |                        |                 | \$        | \$                          | \$                           | \$               |                 | \$                         | 46 |

## E. Summary of Care-Related Assets

|    | 1  | 2            |    |
|----|--|--------------|----|
|    | Reference  | Amount       |    |
| 47 | Total Historical Cost (line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4) | \$ 8,236,822 | 47 |
| 48 | Current Book Depreciation (line 36,col.5 + line 41,col.2 + line 46,col.5)            | \$ 369,943   | 48 |
| 49 | Straight Line Depreciation (line 36,col.7 + line 41,col.3 + line 46,col.6)           | \$ 266,274   | 49 |
| 50 | Adjustments (line 36,col.8 + line 41,col.4 + line 46,col.7)                          | \$ (103,669) | 50 |
| 51 | Accumulated Depreciation (line 36,col.9 + line 41,col.6 + line 46,col.9)             | \$ 989,282   | 51 |

\*\*

## F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book Depreciation 3 | Accumulated Depreciation 4 |    |
|----|----------------------------------|-----------|-----------------------------|----------------------------|----|
| 52 |                                  | \$        | \$                          | \$                         | 52 |
| 53 |                                  |           |                             |                            | 53 |
| 54 |                                  |           |                             |                            | 54 |
| 55 |                                  |           |                             |                            | 55 |
| 56 |                                  |           |                             |                            | 56 |
| 57 | TOTALS                           | \$        | \$                          | \$                         | 57 |

## G. Construction-in-Progress

|    | Description | Cost |    |
|----|-------------|------|----|
| 58 |             | \$   | 58 |
| 59 |             |      | 59 |
| 60 |             |      | 60 |
| 61 |             | \$   | 61 |

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.



THE RENAISSANCE AT HILLSIDE, INC.  
0042176  
RELATED COMPANY MOVABLE EQUIPMENT SCHEDULE  
12/31/00

| COMPANY NAME                  | COST           | CURRENT<br>BOOK (FED)<br>DEPRECIATION | STRAIGHT<br>LINE<br>DEPRECIATION | ADJUSTMENTS     | ACCUMULATED<br>S/L<br>DEPRECIATION |
|-------------------------------|----------------|---------------------------------------|----------------------------------|-----------------|------------------------------------|
| <b>LINE 28: PRIOR YEARS</b>   |                |                                       |                                  |                 |                                    |
| Renaissance at Hillside, Inc. | 472,377        | 81,595                                | 48,967                           | (32,628)        | 142,474                            |
| Nucare Services Corp.         | 17,533         | 2,772                                 | 1,513                            | (1,259)         | 9,716                              |
|                               |                |                                       |                                  |                 |                                    |
|                               |                |                                       |                                  |                 |                                    |
|                               |                |                                       |                                  |                 |                                    |
|                               |                |                                       |                                  |                 |                                    |
| <b>TOTALS</b>                 | <b>489,910</b> | <b>84,367</b>                         | <b>50,480</b>                    | <b>(33,887)</b> | <b>152,190</b>                     |

**LINE 29: CURRENT YEAR**

|                               |               |               |              |                |              |
|-------------------------------|---------------|---------------|--------------|----------------|--------------|
| Renaissance at Hillside, Inc. | 64,199        | 12,756        | 3,600        | (9,156)        | 3,600        |
| Nucare Services Corp.         | 3,723         | 729           | 210          | (519)          | 210          |
|                               |               |               |              |                |              |
|                               |               |               |              |                |              |
|                               |               |               |              |                |              |
|                               |               |               |              |                |              |
| <b>TOTALS</b>                 | <b>67,922</b> | <b>13,485</b> | <b>3,810</b> | <b>(9,675)</b> | <b>3,810</b> |

**LINE 30: FULLY DEPRECIATED**

|                               |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|
| Renaissance at Hillside, Inc. |  |  |  |  |  |
| Nucare Services Corp.         |  |  |  |  |  |
|                               |  |  |  |  |  |
|                               |  |  |  |  |  |
|                               |  |  |  |  |  |
|                               |  |  |  |  |  |
| <b>TOTALS</b>                 |  |  |  |  |  |

**TOTALS (Should Tie to Totals on Page 13)**

|                               |                |               |               |                 |                |
|-------------------------------|----------------|---------------|---------------|-----------------|----------------|
| Renaissance at Hillside, Inc. | 536,576        | 94,351        | 52,567        | (41,784)        | 146,074        |
| Nucare Services Corp.         | 21,256         | 3,501         | 1,723         | (1,778)         | 9,926          |
|                               |                |               |               |                 |                |
|                               |                |               |               |                 |                |
|                               |                |               |               |                 |                |
| <b>TOTALS</b>                 | <b>557,832</b> | <b>97,852</b> | <b>54,290</b> | <b>(43,562)</b> | <b>156,000</b> |

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending: 12/31/00

## XII. RENTAL COSTS

## A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES ☐ NO

|   |                       | 1<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Date of<br>Lease | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|-----------------------|--------------------------|------------------------|-----------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building:    |                          |                        |                       | \$                    |                              |                                     | 3 |
| 4 | Additions             |                          |                        |                       |                       |                              |                                     | 4 |
| 5 | Allocated from Nucare |                          |                        |                       | 6,896                 |                              |                                     | 5 |
| 6 |                       |                          |                        |                       |                       |                              |                                     | 6 |
| 7 | TOTAL                 |                          |                        |                       | \$ 6,896              |                              |                                     | 7 |

\*\*

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease \_\_\_\_\_.9. Option to Buy: ☐ YES ☐ NO Terms: \_\_\_\_\_\*

## B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 20,173

Description: \$11,238 Laundry Equip; \$4440 Copiers; \$4494 Allocated from Nucare

(Attach a schedule detailing the breakdown of movable equipment)

## C. Vehicle Rental (See instructions.)

|    | 1<br>Use | 2<br>Model Year<br>and Make | 3<br>Monthly Lease<br>Payment | 4<br>Rental Expense<br>for this Period |    |
|----|----------|-----------------------------|-------------------------------|--|----|
| 17 | Facility | 98 Chevy Van                | \$ 625.00                     | \$ 8,125                               | 17 |
| 18 |          |                             |                               |  | 18 |
| 19 |          |                             |                               |  | 19 |
| 20 |          |                             |                               |  | 20 |
| 21 | TOTAL    |                             | \$ 625.00                     | \$ 8,125                               | 21 |

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. \_\_\_\_\_/2001 \$ \_\_\_\_\_

13. \_\_\_\_\_/2002 \$ \_\_\_\_\_

14. \_\_\_\_\_/2003 \$ \_\_\_\_\_

\* If there is an option to buy the building,  
please provide complete details on attached  
schedule.\*\* This amount plus any amortization of lease  
expense must agree with page 4, line 34.

Facility Name & ID Number THE RENAISSANCE AT HILLSIDE, INC. # 0042176  
 XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

Report Period Beginning: 01/01/00 Ending: 12/31/00

**A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)**

|   |  |  |
|---|--|--|
| <b>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</b><br><br><input checked="" type="checkbox"/> YES<br><input type="checkbox"/> NO<br><br>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary. | <b>2. CLASSROOM PORTION:</b><br><br>IN-HOUSE PROGRAM <input type="checkbox"/><br><br>IN OTHER FACILITY <input type="checkbox"/><br><br>COMMUNITY COLLEGE <input type="checkbox"/><br><br>HOURS PER AIDE <u>120</u> | <b>3. CLINICAL PORTION:</b><br><br>IN-HOUSE PROGRAM <input type="checkbox"/><br><br>IN OTHER FACILITY <input type="checkbox"/><br><br>HOURS PER AIDE <u>80</u> |
|---|--|--|

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

|    |                                 | 1         | 2         | 3        | 4        |
|----|---------------------------------|-----------|-----------|----------|----------|
|    |                                 | Facility  |           |          |          |
|    |                                 | Drop-outs | Completed | Contract | Total    |
| 1  | Community College Tuition       | \$ 359    | \$ 1,436  | \$       | \$ 1,795 |
| 2  | Books and Supplies              |           |           |          |          |
| 3  | Classroom Wages (a)             | 821       | 3,282     |          | 4,103    |
| 4  | Clinical Wages (b)              |           |           |          |          |
| 5  | In-House Trainer Wages (c)      |           |           |          |          |
| 6  | Transportation                  |           |           |          |          |
| 7  | Contractual Payments            |           |           |          |          |
| 8  | Nurse Aide Competency Tests     |           |           |          |          |
| 9  | TOTALS                          | \$ 1,180  | \$ 4,718  | \$       | \$ 5,898 |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$ 5,898  |           |          |          |

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
 (c) For in-house training programs only. Do not include fringe benefits.  
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training aides from other facilities.

\$

**D. NUMBER OF AIDES TRAINED**

|                              |   |
|------------------------------|---|
| <b>COMPLETED</b>             |   |
| 1. From this facility        | 4 |
| 2. From other facilities (f) |   |
| <b>DROP-OUTS</b>             |   |
| 1. From this facility        | 1 |
| 2. From other facilities (f) |   |
| <b>TOTAL TRAINED</b>         | 5 |

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

|    |  | 1  | 2                   | 3    | 4   | 5                               | 6                                    | 7                             | 8                              |         |    |
|----|--|--|---------------------|------|---|---------------------------------|--------------------------------------|-------------------------------|--------------------------------|---------|----|
|    | Service  | Schedule V<br>Line & Column<br>Reference | Staff               |      | Outside Practitioner<br>(other than consultant) |                                 | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |         |    |
|    |  |  | Units of<br>Service | Cost | Units   | Cost                            |                                      |                               |                                |         |    |
|    |  |  |                     |      | 1   | Licensed Occupational Therapist | 39-3                                 | hrs                           | \$                             |         |    |
| 2  | Licensed Speech and Language<br>Development Therapist                          | 39-3                                     | hrs                 |      |   | 32,160                          |                                      |                               |                                | 32,160  | 2  |
| 3  | Licensed Recreational Therapist  |  | hrs                 |      |   |                                 |                                      |                               |                                |         | 3  |
| 4  | Licensed Physical Therapist  | 39-3                                     | hrs                 |      |   | 203,232                         |                                      |                               |                                | 203,232 | 4  |
| 5  | Physician Care   |  | visits              |      |   |                                 |                                      |                               |                                |         | 5  |
| 6  | Dental Care  |  | visits              |      |   |                                 |                                      |                               |                                |         | 6  |
| 7  | Work Related Program   |  | hrs                 |      |   |                                 |                                      |                               |                                |         | 7  |
| 8  | Habilitation   |  | hrs                 |      |   |                                 |                                      |                               |                                |         | 8  |
| 9  | Pharmacy   | 39-2                                     | # of<br>prescrpts   |      |   |                                 | 131,733                              |                               |                                | 131,733 | 9  |
|    | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) |  | hrs                 |      |   |                                 |                                      |                               |                                |         | 10 |
| 11 | Academic Education   |  | hrs                 |      |   |                                 |                                      |                               |                                |         | 11 |
| 12 | Exceptional Care Program   |  |                     |      |   |                                 |                                      |                               |                                |         | 12 |
| 13 | **SEE SUPPLEMENTAL<br>Other (specify): SCHEDULE**                              | 39-2                                     |                     |      |   |                                 | 58,259                               |                               |                                | 58,259  | 13 |
| 14 | TOTAL  |  |                     | \$   |   | \$ 437,614                      | \$ 189,992                           |                               | \$                             | 627,606 | 14 |

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SUPPLEMENTAL SCHEDULE OF MEDICAL SUPPLIES

| <u>Special Services - Supplies (Column 6 - Other)</u> | <u>Amount</u> |
|---|---------------|
| 1 Medical Supplies                                    | 2,969         |
| 2 Complex Medical Equip                               |               |
| 3 Oxygen  |               |
| 4 Equipment Rental                                    | 19,682        |
| 5 Enteral Feeding                                     | 10,015        |
| 6 Lab & X-ray   | 25,593        |
| 7   |               |
| 8   |               |
| 9   |               |
| 10  |               |
|   | <u>58,259</u> |
| <u>Outside Therapies (Column 5 - Other)</u>           | <u>Amount</u> |
| 1 Respiratory Therapy                                 |               |
| 2   |               |
| 3   |               |
| 4   |               |
| 5   |               |
| 6   |               |
| 7   |               |
| 8   |               |
| 9   |               |
| 10  |               |
|   | <u></u>       |
|   | <u></u>       |

This report must be completed even if financial statements are attached.

|   | 1            | 2                    |    |
|---|--------------|----------------------|----|
|   | Operating    | After Consolidation* |    |
| <b>A. Current Assets</b>  |              |                      |    |
| 1 Cash on Hand and in Banks   | \$           | \$                   | 1  |
| 2 Cash-Patient Deposits   | 5,124        | 5,124                | 2  |
| 3 Accounts & Short-Term Notes Receivable-Patients (less allowance ) | 2,199,876    | 2,199,876            | 3  |
| 4 Supply Inventory (priced at )                                     |              |                      | 4  |
| 5 Short-Term Investments  |              |                      | 5  |
| 6 Prepaid Insurance   | 27,348       | 27,348               | 6  |
| 7 Other Prepaid Expenses  | 5,137        | 5,137                | 7  |
| 8 Accounts Receivable (owners or related parties)                   | 1,138        | 1,138                | 8  |
| 9 Other(specify): See supplemental schedule                         | 405,613      | 405,613              | 9  |
| <b>TOTAL Current Assets</b>   |              |                      |    |
| 10 (sum of lines 1 thru 9)  | \$ 2,644,236 | \$ 2,644,236         | 10 |
| <b>B. Long-Term Assets</b>  |              |                      |    |
| 11 Long-Term Notes Receivable                                       |              |                      | 11 |
| 12 Long-Term Investments  |              |                      | 12 |
| 13 Land   |              | 586,500              | 13 |
| 14 Buildings, at Historical Cost                                    |              | 6,193,366            | 14 |
| 15 Leasehold Improvements, at Historical Cos                        | 486,360      | 486,360              | 15 |
| 16 Equipment, at Historical Cost                                    | 544,316      | 783,039              | 16 |
| 17 Accumulated Depreciation (book methods)                          | (416,233)    | (1,333,225)          | 17 |
| 18 Deferred Charges   |              |                      | 18 |
| 19 Organization & Pre-Operating Costs                               |              |                      | 19 |
| 20 Accumulated Amortization - Organization & Pre-Operating Costs    |              |                      | 20 |
| 21 Restricted Funds   |              |                      | 21 |
| 22 Other Long-Term Assets (specify):                                |              |                      | 22 |
| 23 Other(specify): See supplemental schedule                        | 24,565       | 57,067               | 23 |
| <b>TOTAL Long-Term Assets</b>                                       |              |                      |    |
| 24 (sum of lines 11 thru 23)  | \$ 639,008   | \$ 6,773,107         | 24 |
| <b>TOTAL ASSETS</b>   |              |                      |    |
| 25 (sum of lines 10 and 24)   | \$ 3,283,244 | \$ 9,417,343         | 25 |

|  | 1              | 2                    |    |
|--|----------------|----------------------|----|
|  | Operating      | After Consolidation* |    |
| <b>C. Current Liabilities</b>                          |                |                      |    |
| 26 Accounts Payable                                    | \$ 1,674,059   | \$ 1,429,839         | 26 |
| 27 Officer's Accounts Payable                          |                |                      | 27 |
| 28 Accounts Payable-Patient Deposits                   | 3,153          | 3,153                | 28 |
| 29 Short-Term Notes Payable                            | 1,570,220      | 1,570,220            | 29 |
| 30 Accrued Salaries Payable                            | 106,194        | 106,194              | 30 |
| 31 Accrued Taxes Payable (excluding real estate taxes) | 35,985         | 35,985               | 31 |
| 32 Accrued Real Estate Taxes(Sch.IX-B)                 | 383,645        | 383,645              | 32 |
| 33 Accrued Interest Payable                            | 323,228        | 323,228              | 33 |
| 34 Deferred Compensation                               |                |                      | 34 |
| 35 Federal and State Income Taxes                      |                |                      | 35 |
| <b>Other Current Liabilities(specify):</b>             |                |                      |    |
| 36 See supplemental schedule                           | 60,653         | 60,653               | 36 |
| 37   |                |                      | 37 |
| <b>TOTAL Current Liabilities</b>                       |                |                      |    |
| 38 (sum of lines 26 thru 37)                           | \$ 4,157,137   | \$ 3,912,917         | 38 |
| <b>D. Long-Term Liabilities</b>                        |                |                      |    |
| 39 Long-Term Notes Payable                             | 1,041,631      | 1,041,631            | 39 |
| 40 Mortgage Payable                                    |                | 6,094,483            | 40 |
| 41 Bonds Payable                                       |                |                      | 41 |
| 42 Deferred Compensation                               |                |                      | 42 |
| <b>Other Long-Term Liabilities(specify):</b>           |                |                      |    |
| 43 See supplemental schedule                           |                |                      | 43 |
| 44   |                |                      | 44 |
| <b>TOTAL Long-Term Liabilities</b>                     |                |                      |    |
| 45 (sum of lines 39 thru 44)                           | \$ 1,041,631   | \$ 7,136,114         | 45 |
| <b>TOTAL LIABILITIES</b>                               |                |                      |    |
| 46 (sum of lines 38 and 45)                            | \$ 5,198,768   | \$ 11,049,031        | 46 |
| 47 <b>TOTAL EQUITY</b> (page 18, line 24)              | \$ (1,915,524) | \$ #REF!             | 47 |
| <b>TOTAL LIABILITIES AND EQUITY</b>                    |                |                      |    |
| 48 (sum of lines 46 and 47)                            | \$ 3,283,244   | \$ #REF!             | 48 |

\*(See instructions.)

## STATE OF ILLINOIS

Page 17 SUPP-1

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning: 01/01/00

Ending:

12/31/00

## SUPPLEMENTAL SCHEDULE OF OTHER ASSETS &amp; LIABILITIES

As of 12/31/00

## OTHER CURRENT ASSETS:

|                          | Amount  | Amount  |
|--------------------------|---------|---------|
| Real Estate Tax Escrow   | 123,305 | 123,305 |
| Exchange                 | 602     | 602     |
| Employee Loans           | 1,970   | 1,970   |
| Due from Assisted Living | 279,735 | 276,735 |

|                |                |
|----------------|----------------|
| <u>405,612</u> | <u>402,612</u> |
|----------------|----------------|

## OTHER NON CURRENT ASSETS:

|                          |        |        |
|--------------------------|--------|--------|
| Deferred Income Tax      | 24,565 | 24,565 |
| Construction In Progress |        |        |
| Utility Deposit          |        |        |
| Loan Costs               |        |        |
| Mortgage Costs           |        | 32,502 |

|               |               |
|---------------|---------------|
| <u>24,565</u> | <u>57,067</u> |
|---------------|---------------|

## OTHER CURRENT LIABILITIES:

|                        | Amount | Amount |
|------------------------|--------|--------|
| Accrued Expenses       |        |        |
| Accrued R. E. Tax -    |        |        |
| Non Care Property      |        |        |
| Wage Assignments       | 445    | 445    |
| Investment in Hillside | 60,208 | 60,208 |

|               |               |
|---------------|---------------|
| <u>60,653</u> | <u>60,653</u> |
|---------------|---------------|

## OTHER NON CURRENT LIABILITIES:

|         |         |
|---------|---------|
| <u></u> | <u></u> |
|---------|---------|

**XVI. STATEMENT OF CHANGES IN EQUITY**

|           |   | <b>1</b><br><b>Total</b> |           |
|-----------|---|--------------------------|-----------|
| <b>1</b>  | <b>Balance at Beginning of Year, as Previously Reported</b>         | <b>\$ (1,588,621)</b>    | <b>1</b>  |
| <b>2</b>  | Restatements (describe):  |                          | <b>2</b>  |
| <b>3</b>  | <a href="#">Schedule attached</a>                                   | <b>(491,186)</b>         | <b>3</b>  |
| <b>4</b>  |   |                          | <b>4</b>  |
| <b>5</b>  |   |                          | <b>5</b>  |
| <b>6</b>  | <b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b> | <b>\$ (2,079,807)</b>    | <b>6</b>  |
|           | <b>A. Additions (deductions):</b>                                   |                          |           |
| <b>7</b>  | NET Income (Loss) (from page 19, line 43)                           | <b>164,283</b>           | <b>7</b>  |
| <b>8</b>  | Aquisitions of Pooled Companies                                     |                          | <b>8</b>  |
| <b>9</b>  | Proceeds from Sale of Stock   |                          | <b>9</b>  |
| <b>10</b> | Stock Options Exercised   |                          | <b>10</b> |
| <b>11</b> | Contributions and Grants  |                          | <b>11</b> |
| <b>12</b> | Expenditures for Specific Purposes                                  |                          | <b>12</b> |
| <b>13</b> | Dividends Paid or Other Distributions to Owners                     | <b>( )</b>               | <b>13</b> |
| <b>14</b> | Donated Property, Plant, and Equipment                              |                          | <b>14</b> |
| <b>15</b> | Other (describe)  |                          | <b>15</b> |
| <b>16</b> | Other (describe)  |                          | <b>16</b> |
| <b>17</b> | <b>TOTAL Additions (deductions) (sum of lines 7-16)</b>             | <b>\$ 164,283</b>        | <b>17</b> |
|           | <b>B. Transfers (Itemize):</b>                                      |                          |           |
| <b>18</b> |   |                          | <b>18</b> |
| <b>19</b> |   |                          | <b>19</b> |
| <b>20</b> |   |                          | <b>20</b> |
| <b>21</b> |   |                          | <b>21</b> |
| <b>22</b> |   |                          | <b>22</b> |
| <b>23</b> | <b>TOTAL Transfers (sum of lines 18-22)</b>                         | <b>\$</b>                | <b>23</b> |
| <b>24</b> | <b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>            | <b>\$ (1,915,524)</b>    | <b>24</b> |

\* This must agree with page 17, line 47.



|                           |                                  |         |                          |          |         |          |
|---------------------------|----------------------------------|---------|--------------------------|----------|---------|----------|
| Facility Name & ID Number | THE RENAISSANCE AT HILLSIDE, I # | 0042176 | Report Period Beginning: | 01/01/00 | Ending: | 12/31/00 |
|---------------------------|----------------------------------|---------|--------------------------|----------|---------|----------|

|                            |             |
|----------------------------|-------------|
| Balance per General Ledger | (2,079,807) |
|----------------------------|-------------|

Adjustments:

-

-

-

491,186

Total adjustments

491,186

Balance - Beginning of Year

(1,588,621)

Equity(Deficit) from Page 17 Col 1

(1,915,524)

Related Party

Equity(Deficit)

Income

283837

0

283,837

Combined Equity - End of Year

(1,631,687)

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning: 01/01/00

Ending:

12/31/00

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1

|     | Revenue   | Amount       |     |
|-----|---|--------------|-----|
|     | <b>A. Inpatient Care</b>                                  |              |     |
| 1   | Gross Revenue -- All Levels of Care                       | \$ 7,755,150 | 1   |
| 2   | Discounts and Allowances for all Levels                   | (778,861)    | 2   |
| 3   | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 6,976,289 | 3   |
|     | <b>B. Ancillary Revenue</b>                               |              |     |
| 4   | Day Care  |              | 4   |
| 5   | Other Care for Outpatients                                |              | 5   |
| 6   | Therapy   | 605,571      | 6   |
| 7   | Oxygen  |              | 7   |
| 8   | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$ 605,571   | 8   |
|     | <b>C. Other Operating Revenue</b>                         |              |     |
| 9   | Payments for Education                                    |              | 9   |
| 10  | Other Government Grants                                   |              | 10  |
| 11  | Nurses Aide Training Reimbursements                       |              | 11  |
| 12  | Gift and Coffee Shop                                      |              | 12  |
| 13  | Barber and Beauty Care                                    |              | 13  |
| 14  | Non-Patient Meals   |              | 14  |
| 15  | Telephone, Television and Radic                           |              | 15  |
| 16  | Rental of Facility Space                                  |              | 16  |
| 17  | Sale of Drugs   | 240,150      | 17  |
| 18  | Sale of Supplies to Non-Patients                          |              | 18  |
| 19  | Laboratory  | 10,327       | 19  |
| 20  | Radiology and X-Ray                                       |              | 20  |
| 21  | Other Medical Services                                    | 28,052       | 21  |
| 22  | Laundry   |              | 22  |
| 23  | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 278,529   | 23  |
|     | <b>D. Non-Operating Revenue</b>                           |              |     |
| 24  | Contributions   |              | 24  |
| 25  | Interest and Other Investment Income***                   | 2,088        | 25  |
| 26  | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 2,088     | 26  |
|     | <b>E. Other Revenue (specify):****</b>                    |              |     |
| 27  | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28  | <a href="#">See supplemental schedule</a>                 | 2,713        | 28  |
| 28a |   |              | 28a |
| 29  | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 2,713     | 29  |
| 30  | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 7,865,190 | 30  |

2

|    | Expenses   | Amount       |    |
|----|--|--------------|----|
|    | <b>A. Operating Expenses</b>                                   |              |    |
| 31 | General Services   | 1,196,644    | 31 |
| 32 | Health Care  | 2,302,829    | 32 |
| 33 | General Administration   | 1,838,484    | 33 |
|    | <b>B. Capital Expense</b>                                      |              |    |
| 34 | Ownership  | 1,601,455    | 34 |
|    | <b>C. Ancillary Expense</b>                                    |              |    |
| 35 | Special Cost Centers   | 675,851      | 35 |
| 36 | Provider Participation Fee                                     | 85,644       | 36 |
|    | <b>D. Other Expenses (specify):</b>                            |              |    |
| 37 |  |              | 37 |
| 38 |  |              | 38 |
| 39 |  |              | 39 |
| 40 | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 7,700,907 | 40 |
| 41 | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | 164,283      | 41 |
| 42 | <b>Income Taxes</b>  |              | 42 |
| 43 | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ 164,283   | 43 |

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? [Not Complete](#) If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

| DESCRIPTION                     | AMOUNT |
|---------------------------------|--------|
| 1 Vending Commissions           |        |
| 2 TV Rental (Adjusted Out)      | 366    |
| 3 Food Rebates (Adjusted Out)   | 780    |
| 4 Copier Income (Adjusted Out)  | 1,068  |
| 5 Jury Duty (Adjusted Out)      | 69     |
| 6 Telephone (Adjusted Out)      | 115    |
| 7 Lunches (Adjusted Out)        | 91     |
| 8 Cable (Adjusted Out)          | 150    |
| 9 Laundry Income (Adjusted Out) | 74     |
| 10                              |        |
| 11                              |        |
| 12                              |        |
| 13                              |        |
| 14                              |        |
| 15                              |        |
| 16                              |        |
| 17                              |        |
| 18                              |        |
| 19                              |        |
| 20                              |        |
| TOTALS                          | 2,713  |

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning:

01/01/00

Ending:

12/31/00

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

|    |                               | 1                               | 2**                              | 3  | 4                         |    |
|----|-------------------------------|---------------------------------|----------------------------------|--|---------------------------|----|
|    |                               | # of Hrs.<br>Actually<br>Worked | # of Hrs.<br>Paid and<br>Accrued | Reporting Period<br>Total Salaries,<br>Wages | Average<br>Hourly<br>Wage |    |
| 1  | Director of Nursing           | 1,480                           | 1,520                            | \$ 63,154                                    | \$ 41.55                  | 1  |
| 2  | Assistant Director of Nursing | 2,027                           | 2,169                            | 62,184                                       | 28.67                     | 2  |
| 3  | Registered Nurses             | 17,928                          | 19,668                           | 477,498                                      | 24.28                     | 3  |
| 4  | Licensed Practical Nurses     | 26,665                          | 28,777                           | 484,844                                      | 16.85                     | 4  |
| 5  | Nurse Aides & Orderlies       | 76,561                          | 79,779                           | 769,441                                      | 9.64                      | 5  |
| 6  | Nurse Aide Trainees           | 565                             | 574                              | 4,103  | 7.15                      | 6  |
| 7  | Licensed Therapist            |                                 |                                  |  |                           | 7  |
| 8  | Rehab/Therapy Aides           |                                 |                                  |  |                           | 8  |
| 9  | Activity Director             | 1,970                           | 2,091                            | 29,314                                       | 14.02                     | 9  |
| 10 | Activity Assistants           | 5,739                           | 6,181                            | 47,048                                       | 7.61                      | 10 |
| 11 | Social Service Workers        | 2,899                           | 3,061                            | 40,309                                       | 13.17                     | 11 |
| 12 | Dietician                     |                                 |                                  |  |                           | 12 |
| 13 | Food Service Supervisor       | 2,859                           | 2,953                            | 46,826                                       | 15.86                     | 13 |
| 14 | Head Cook                     | 9,245                           | 9,711                            | 87,843                                       | 9.05                      | 14 |
| 15 | Cook Helpers/Assistants       | 21,337                          | 22,439                           | 160,782                                      | 7.17                      | 15 |
| 16 | Dishwashers                   |                                 |                                  |  |                           | 16 |
| 17 | Maintenance Workers           | 2,244                           | 2,775                            | 38,483                                       | 13.87                     | 17 |
| 18 | Housekeepers                  | 30,943                          | 32,387                           | 244,790                                      | 7.56                      | 18 |
| 19 | Laundry                       |                                 |                                  |  |                           | 19 |
| 20 | Administrator                 | 2,038                           | 2,091                            | 91,051                                       | 43.54                     | 20 |
| 21 | Assistant Administrator       | 72                              | 80                               | 2,307  | 28.84                     | 21 |
| 22 | Other Administrative          | 1,577                           | 1,753                            | 32,737                                       | 18.67                     | 22 |
| 23 | Office Manager                |                                 |                                  |  |                           | 23 |
| 24 | Clerical                      | 23,800                          | 30,352                           | 266,787                                      | 8.79                      | 24 |
| 25 | Vocational Instruction        |                                 |                                  |  |                           | 25 |
| 26 | Academic Instruction          |                                 |                                  |  |                           | 26 |
| 27 | Medical Director              |                                 |                                  |  |                           | 27 |
| 28 | Qualified MR Prof. (QMRP)     |                                 |                                  |  |                           | 28 |
| 29 | Resident Services Coordinator |                                 |                                  |  |                           | 29 |
| 30 | Habilitation Aides (DD Homes) |                                 |                                  |  |                           | 30 |
| 31 | Medical Records               | 1,944                           | 2,004                            | 28,052                                       | 14.00                     | 31 |
| 32 | Other Health Care(specify)    |                                 |                                  |  |                           | 32 |
| 33 | Other(specify)                | 3,171                           | 3,355                            | 48,245                                       | 14.38                     | 33 |
| 34 | TOTAL (lines 1 - 33)          | 235,064                         | 253,720                          | \$ 3,025,798 *                               | \$ 11.93                  | 34 |

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

|    |                                 | 1                                      | 2   | 3   |    |
|----|---------------------------------|--|---|---|----|
|    |                                 | Number<br>of Hrs.<br>Paid &<br>Accrued | Total Consultant<br>Cost for<br>Reporting<br>Period | Schedule V<br>Line &<br>Column<br>Reference |    |
| 35 | Dietary Consultant              | 184                                    | \$ 6,544  | 1-3   | 35 |
| 36 | Medical Director                | Monthly                                | 35,350  | 9-3   | 36 |
| 37 | Medical Records Consultant      |  |   |   | 37 |
| 38 | Nurse Consultant                |  |   |   | 38 |
| 39 | Pharmacist Consultant           | Monthly                                | 6,240   | 10-3  | 39 |
| 40 | Physical Therapy Consultant     | 139                                    | 4,912   | 10a-3                                       | 40 |
| 41 | Occupational Therapy Consultant | 106                                    | 4,513   | 10a-3                                       | 41 |
| 42 | Respiratory Therapy Consultant  |  |   |   | 42 |
| 43 | Speech Therapy Consultant       |  |   |   | 43 |
| 44 | Activity Consultant             | 58                                     | 2,932   | 11-3  | 44 |
| 45 | Social Service Consultant       | 100                                    | 4,636   | 12-3  | 45 |
| 46 | Other(specify)                  |  |   |   | 46 |
| 47 |                                 |  |   |   | 47 |
| 48 |                                 |  |   |   | 48 |
| 49 | TOTAL (lines 35 - 48)           | 587                                    | \$ 65,127   |   | 49 |

## C. CONTRACT NURSES

|    |                           | 1                                      | 2                          | 3   |    |
|----|---------------------------|--|----------------------------|---|----|
|    |                           | Number<br>of Hrs.<br>Paid &<br>Accrued | Total<br>Contract<br>Wages | Schedule V<br>Line &<br>Column<br>Reference |    |
| 50 | Registered Nurses         | 289                                    | \$ 11,357                  | 10-3  | 50 |
| 51 | Licensed Practical Nurses | 512                                    | 15,571                     | 10-3  | 51 |
| 52 | Nurse Aides               | 1,321                                  | 23,102                     | 10-3  | 52 |
| 53 | TOTAL (lines 50 - 52)     | 2,122                                  | \$ 50,030                  |   | 53 |

## B. CONSULTANT SERVICES

|       |       |           |          |
|-------|-------|-----------|----------|
| 3,171 | 3,355 | \$ 48,245 | \$ 14.38 |
|-------|-------|-----------|----------|

| A. Administrative Salaries                                   |                          |             |            | D. Employee Benefits and Payroll Taxes                           |           |        | F. Dues, Fees, Subscriptions and Promotions |         |
|--|--------------------------|-------------|------------|--|-----------|--------|---|---------|
| Name   | Function                 | Ownership % | Amount     | Description  | Amount    |        | Description                                 | Amount  |
| Dave Schecter  | Administrator            | None        | \$ 91,050  | Workers' Compensation Insurance                                  | \$ 39,203 |        | IDPH License Fee                            | \$      |
| Brent Fitzgerald (12/16-12/31/00)                            | Asst. Administrator      | None        | 2,308      | Unemployment Compensation Insurance                              | 27,191    |        | Advertising: Employee Recruitment           | 3,823   |
| Barry Carr   | COO                      | None        | 32,737     | FICA Taxes   | 225,075   |        | Health Care Worker Background Check         | 916     |
|  |                          |             |            | Employee Health Insurance  | 78,575    |        | (Indicate # of checks performed <u>91</u> ) |         |
|  |                          |             |            | Employee Meals   |           |        | Yellow Page Advertising                     | 7,672   |
|  |                          |             |            | Illinois Municipal Retirement Fund (IMRF)*                       |           |        | Licenses, Permits & Fees                    | 1,913   |
|  |                          |             |            | Union Health & Welfare   | 45,820    |        | Dues  | 5,671   |
|  |                          |             |            | Misc. Employee Benefits  | 26,059    |        | Dues & Subscriptions                        | 3,088   |
|  |                          |             |            |  |           |        | Classified Advertising                      | 20,647  |
|  |                          |             |            |  |           |        | Alloc. from Carepath/Nucare                 | 2,947   |
|  |                          |             |            |  |           |        | Less: Public Relations Expense              | ( )     |
|  |                          |             |            |  |           |        | Non-allowable advertising                   | ( )     |
|  |                          |             |            |  |           |        | Yellow page advertising                     | (7,672) |
| TOTAL (agree to Schedule V, line 17, col. 1)                 |                          |             |            | TOTAL (agree to Schedule V, line 22, col.8)                      |           |        | TOTAL (agree to Sch. V, line 20, col. 8)    |         |
| (List each licensed administrator separately.)               |                          |             |            | \$ 441,923   |           |        | \$ 39,005                                   |         |
| B. Administrative - Other                                    |                          |             |            | E. Schedule of Non-Cash Compensation Paid to Owners or Employees |           |        | G. Schedule of Travel and Seminar**         |         |
| Description  |                          |             | Amount     | Description  | Line #    | Amount | Description                                 | Amount  |
| JLR Management   |                          |             | \$ 120,000 |  |           | \$     | Out-of-State Travel                         | \$      |
| NuCare Services-Management Fees                              |                          |             | 166,143    |  |           |        |   |         |
| Robert Hartman-Management Fees                               |                          |             | 120,000    |  |           |        |   |         |
| Carepath - Management Fees                                   |                          |             | 46,765     |  |           |        | In-State Travel                             |         |
| TOTAL (agree to Schedule V, line 17, col. 3)                 |                          |             | \$ 452,908 |  |           |        |   |         |
| (Attach a copy of any management service agreement)          |                          |             |            |  |           |        |   |         |
| C. Professional Services                                     |                          |             |            |  |           |        |   |         |
| Vendor/Payee   | Type                     |             | Amount     |  |           |        |   |         |
| See Attached   | Legal                    |             | \$ 55,042  |  |           |        |   |         |
| Frost, Ruttenberg & Rothblatt                                | Accounting               |             | 33,238     |  |           |        |   |         |
| Personnel Planners   | Unemployment Consultants |             | 1,906      |  |           |        |   |         |
| Purchasing Plus  | Purchasing Service       |             | 50         |  |           |        |   |         |
| HDSI   | Computer Consultant      |             | 5,864      |  |           |        |   |         |
| Horizon Healthcare Technologies                              | Computer Consultant      |             | 4,890      |  |           |        |   |         |
| Power Software Development                                   | Computer Consultant      |             | 10,442     |  |           |        |   |         |
| Warehouse Direct   | Computer Consultant      |             | 388        |  |           |        | Seminar Expense                             | 5,761   |
| Mutual of Omaha  | Computer Consultant      |             | 86         |  |           |        | Allocated from Carepath/Nucare              | 744     |
| AOL Online Service   | Computer Consultant      |             | 8          |  |           |        |   |         |
| CDW Computer Centers, Inc.                                   | Computer Consultant      |             | 48         |  |           |        |   |         |
|  |                          |             |            |  |           |        | Entertainment Expense                       | ( )     |
|  |                          |             |            |  |           |        | (agree to Sch. V, line 24, col. 8)          |         |
| TOTAL (agree to Schedule V, line 19, column 3)               |                          |             |            | TOTAL  |           |        | TOTAL                                       |         |
| (If total legal fees exceed \$2500 attach copy of invoices.) |                          |             |            | \$   |           |        | \$ 6,505                                    |         |

\* Attach copy of IMRF notifications

\*\*See instructions.

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).**

**(See instructions.)**

[illegible]

Facility Name &amp; ID Number THE RENAISSANCE AT HILLSIDE, INC.

# 0042176

Report Period Beginning: 01/01/00

Ending: 12/31/00

## XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Illinois Council on Long Term Care \$5671
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 25,533 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 85,644  
This amount is to be recorded on line 42 of Schedule V
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? N/A Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% In 1  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? No  
Firm Name: \_\_\_\_\_ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? \_\_\_\_\_ If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes  
Attach invoices and a summary of services for all architect and appraisal fees.



Date: 07/17/2000

To: Administrator/Cost Report Preparer

From: Office of Health Finance

Re: 2000 Long Term Care Cost Report and Instructions on Diskette  
Information Regarding the Lotus 5.0 and Excel 97 Versions of the Cost Report

Enclosed you will find a copy of the 2000 cost report and instructions on diskette. For 1999, the majority of nursing homes used the diskette to prepare their cost report. We would appreciate it if you could complete your 2000 cost report using this diskette.

If you choose not to use the diskette, you may print the 2000 cost report form and manually complete the report. If you do not have the ability to print the cost report form and instructions, please contact our office at 217/782-1630 to request a paper copy to be mailed to you.

As is stated on page 1 of the cost report instructions, this report should cover the facility's fiscal year ending in 2000. It is due on September 30, 2000, or ninety days after the close of the facility's fiscal year, **whichever comes later**. Please refer to the instructions for the remainder of the filing requirements.

There are two 2000 cost report files on the disk you have received. One file has been created for use with Lotus 5.0 for Windows. The other file has been created for use with Excel 97. A copy of the 2000 cost report instructions has been included on the diskette also. The name of the file is Instr00. It has been created for use with Word Perfect 6.1. Please use this 2000 diskette. **Printed copies of the report from the 1999 cost report diskette or earlier diskettes will NOT be accepted.**

Each page is on a separate worksheet. The file has been sealed. The cells where data is to be entered have been unprotected. Do not change the cost report form. We must have every form the same. Any changes made to the cost report form will cause us to consider the filed cost report incomplete until the form is correctly filed. Complete page one first. The facility name, IDPH ID# and the report period dates have been linked to each page. (Be sure to enter the IDPH licensed name of the facility.) **When entering data on pages 3 and 4, do not include decimals. Please round to whole numbers. When entering the years on page 12 do not enter various or other text in columns 2 or 3.**

Print macros have been written that will print each individual page or the entire report.

**WARNING: Do NOT use drag & drop, cut or move commands. These commands may ruin the file and/or formulas. Then you will have to close the file and start from the last time you saved it.**

As you know, save your work frequently to prevent losses of large amounts of information.

The cost report must be printed on 8 ½ by 14 size white paper with an 8 ½ by 14 image on the paper. To ensure an 8 ½ by 14 size image, check the paper size in the Printer Setup. When printing the cost report, be sure the "Selected Range" is checked. If "Current Worksheet" or "All Worksheets" are selected, the printed report will be smaller than it should be. These three selections appear in the Print dialog box. **Please do not reduce the image to 8 ½ by 11. We cannot accept a report with an 8 ½ by 11 image.** After printing the cost report, please review the copy for accuracy and completeness before mailing it to The Office of Health Finance. **Please send in the completed diskette with your paper copy, (being sure to make a copy of the diskette for your records).** Also, please make sure both the completed diskette and the paper copy agree prior to sending to our office.

#### **Notes Applicable only to Lotus users**

The entire cost report is in one file named Report00.wk4. A print preview button has been added to the bottom of each page. You may want to preview each page to ensure there are no problems before you print the entire cost report. To preview a page, click this button, then click File-Preview as normal. Also, macros have been written that will allow you to change the column width or row height of a cell or range of cells. **Only use these commands on the extra pages (24 through 33).** The print menu or the other macros menu will appear on the menu bar after you click the macro button. A macro that allows you to "Freeze Both Titles" has been added also. This will be helpful for data entry. **When saving the file in Lotus, please save it as a "WK4" file type instead of a "123" file type. To do this, click File-Save As, and then ensure the file type is "WK4".**

To copy worksheets that you have created into the blank pages at the end of the report, use File-Combine. This will bring in the styles you used in your worksheet (except for the column width and the row height). This does not work if you are using Lotus 97. Extra sheets for pages 6, 8 and 12 have been included in the file. Click the macro buttons on these pages to make them available.

#### **Notes Applicable only to Excel users**

The entire cost report is in one file named Report00.xls. In an Excel 97 file that has been sealed, you can press the Tab key to go to the next unprotected cell. By pressing Shift-Tab, you can go to the previous unprotected cell. Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available. Also there are some blank unprotected sheets after "Page 23".

If you have any questions concerning the diskette, please call Randy Hulskotter at (217) 782-1630.

RH/rw